

ARTICLE 1. GENERAL

R9-6-101. Definitions

In this Chapter, unless otherwise specified:

1. “Active tuberculosis” means the same as in A.R.S. § 36-711.
- ~~1-2.~~ No change (*“Administrator” means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.*
3. “Agency” means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. “Agent” means an organism that may cause a disease, either directly or indirectly.
- ~~2-5.~~ No change (*“AIDS” means Acquired Immunodeficiency Syndrome.*
- ~~3.~~ “Airborne infection isolation” means, in addition to use of Standard precautions, placement of a case in a private room or a cohort room with negative air-pressure ventilation and use of respiratory protection when in the room.
6. **“Airborne precautions” means, in addition to use of standard precautions:**
 - a. **Either:**
 - i. **Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:**
 - (1) **Exhausted directly to the outside of the building containing the room, or**
 - (2) **Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or**
 - ii. **If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):**
 - (1) **Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual’s residence, as medically appropriate; and**
 - (2) **Ensuring that the individual is wearing a mask covering the case’s nose and mouth; and**
 - b. **Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:**
 - i. **Designed to protect the wearer against inhalation of a hazardous atmosphere, and**

ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.

- ~~4-7.~~ No change (*“Approved test for tuberculosis” means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.*
8. “Arizona State Laboratory” means the portion of the Department authorized by Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. “Average window period” means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
- ~~5-10.~~ No change (*“Barrier” means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.*
- ~~6-11.~~ “Body fluid” means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
- ~~7-12.~~ No change (*“Carrier” means an infected individual without symptoms who can spread the infection to a susceptible individual.*
- ~~8-13.~~ No change (*“Case” means an individual:*
- a. With a ~~clinical syndrome of a~~ communicable disease whose condition is documented:
 - i. No change (*By laboratory results that support the presence of the agent that causes the disease;*
 - ii. No change (*By a health care provider's diagnosis based on clinical observation; or*
 - iii. No change (*By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;*
 - b. No change (*Who has experienced diarrhea, nausea, or vomiting as part of an outbreak;*
 - c. No change (*Who has died without apparent cause within 48 hours after experiencing a fever; or*
 - d. No change (*Who has experienced a vaccinia-related adverse event.*
14. “Case definition” means the disease-specific criteria that must be met for an individual to be classified as a case.
15. “Chief medical officer” means the senior health care provider in a correctional facility or that individual's designee who is also a health care provider.
- ~~9-16.~~ No change (*“Child” means an individual younger than 18 years of age.*

- ~~10-17.~~ No change (*"Child care establishment" means:*
- a. No change (A *"child care facility," as defined in A.R.S. § 36-881;*
 - b. No change (A *"child care group home," as defined in A.R.S. § 36-897;*
 - c. No change (A *child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or*
 - d. No change (A *child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.*
18. "Clinical signs and symptoms" means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient's description of how the patient feels.
- ~~11-19.~~ No change (*"Cohort room" means a room housing only individuals infected with the same agent and no other agent.*
- ~~12-20.~~ No change (*"Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.*
- ~~13-21.~~ No change (*"Communicable period" means the time during which an agent may be transmitted directly or indirectly:*
- a. No change (*From an infected individual to another individual;*
 - b. No change (*From an infected animal, arthropod, or vehicle to an individual; or*
 - c. No change (*From an infected individual to an animal.*
22. "Confirmatory test" means a laboratory analysis, such as a Western blot analysis, approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
- ~~14-23.~~ No change (*"Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.*
- ~~15-24.~~ No change (*"Correctional facility" means any place used for the confinement or control of an individual:*
- a. No change (*Charged with or convicted of an offense,*
 - b. No change (*Held for extradition, or*
 - c. No change (*Pursuant to a court order for law enforcement purposes.*
25. "Court-ordered subject" means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
- ~~16-26.~~ No change (*"Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.*

- ~~17-27.~~ No change (*"Department" means the Arizona Department of Health Services.*
- ~~28.~~ **"Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.**
- ~~29.~~ "Disease" means a condition or disorder that causes the human body to deviate from its normal or healthy state.
- ~~18-30.~~ No change (*"Emerging or exotic disease" means:*
- a. No change (*A new disease resulting from change in an existing organism;*
 - b. No change (*A known disease not usually found in the geographic area or population in which it is found;*
 - c. No change (*A previously unrecognized disease appearing in an area undergoing ecologic transformation; or*
 - d. No change (*A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.*
- ~~31.~~ "Entity" has the same meaning as "person" in A.R.S. § 1-215.
- ~~19-32.~~ No change (*"Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.*
- ~~20-33.~~ No change (*"Fever" means a temperature of 101° F or higher.*
- ~~21-34.~~ No change (*"Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.*
- ~~22-35.~~ No change (*"Food handler" means:*
- a. A paid or volunteer ~~full~~ **full-time** or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
 - ~~b. A paid or volunteer full- or part-time worker who prepares or serves food or who otherwise touches food in a group setting other than a food establishment.~~
 - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
- ~~23-36.~~ No change (*"Foodborne" means that food serves as a mode of transmission of an infectious agent.*
- ~~24-37.~~ No change (*"Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.*
- ~~25-38.~~ No change (*"HBsAg" means hepatitis B surface antigen.*

- ~~26-39.~~ No change (*"Health care institution" has the same meaning as in A.R.S. § 36-401.*
- ~~27-40.~~ **"Health care provider" means a physician, physician assistant, registered nurse practitioner, or dentist the same as in A.R.S. § 36-661.**
- 41. "Health care provider required to report" means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Article 2, Table 1, or detects an occurrence listed in Article 2, Table 1.**
- 42. "Health education" means supplying to an individual or a group of individuals:**
- a. Information about a communicable disease or options for treatment of a communicable disease, and**
- b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.**
- ~~28-43.~~ No change (*"HIV" means Human Immunodeficiency Virus.*
- ~~29-44.~~ No change (*"HIV-related test" has the same meaning as in A.R.S. § 36-661.*
- ~~30.~~ "Individual with infectious active tuberculosis" means a pulmonary or laryngeal tuberculosis case who has not:
- ~~a. Had three successive sputum smears, collected at least eight hours apart, at least one of which was taken first thing in the morning, test negative for acid fast bacilli;~~
- ~~b. Begun anti-tuberculosis treatment; and~~
- ~~c. Experienced improvement in clinical signs and symptoms of active tuberculosis.~~
- ~~45.~~ "Infected" means when an individual has an agent for a disease in a part of the individual's body where the agent may cause a disease.
- ~~46.~~ "Infectious active tuberculosis" means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
- ~~47.~~ "Infectious agent" means an agent that can be transmitted to an individual.
- ~~31-48.~~ No change (*"Infant" means a child younger than 12 months of age.*
- ~~32-49.~~ No change (*"Isolate" means:*
- a. No change (*To separate an infected individual or animal from others to limit the transmission of infectious agents, or*
- b. No change (*A pure strain of an agent obtained from a specimen.*
- ~~33-50.~~ No change (*"Isolation" means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.*
- ~~51.~~ "Laboratory report" means a document that:
- a. Is produced by a laboratory that conducts a test or tests on a subject's specimen; and

- b. Shows the outcome of each test, including personal identifying information about the subject.
- ~~34-52.~~ No change ("*Local health agency*" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
- ~~35-53.~~ No change ("*Local health officer*" means an individual who has daily control and supervision of a local health agency or the individual's designee.
- 54. "Medical examiner" means an individual:
 - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-591, or
 - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
- 55. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampicin.**
- 56. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.
- ~~36-57.~~ No change ("*Outbreak*" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
- ~~37-58.~~ No change ("*Parent*" means a biological or adoptive mother or father.
- 59. "Petition" means a formal written application to a court requesting judicial action on a matter.
- ~~38-60.~~ No change ("*Pharmacy*" has the same meaning as in A.R.S. § 32-1901.
- ~~39-61.~~ No change ("*Physician*" means an individual licensed as a doctor of:
 - a. No change (*Allopathic medicine* under A.R.S. Title 32, Chapter 13;
 - b. No change (*Naturopathic medicine* under A.R.S. Title 32, Chapter 14;
 - c. No change (*Osteopathic medicine* under A.R.S. Title 32, Chapter 17; or
 - d. No change (*Homeopathic medicine* under A.R.S. Title 32, Chapter 29.
- ~~40-62.~~ No change ("*Physician assistant*" has the same meaning as in A.R.S. § 32-2501.
- 63. "Pupil" means a student attending a school.**
- ~~41-64.~~ No change ("*Quarantine*" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communicable period, to prevent transmission of the disease if infection occurs.
- ~~42-65.~~ No change ("*Registered nurse practitioner*" has the same meaning as in A.R.S. § 32-1601.
- ~~43.~~ "Respiratory protection" means a fit tested device, designed to protect the wearer against inhalation of a hazardous atmosphere, that is at least as protective as a National Institute for Occupational Safety and Health approved N-95 respirator.

66. “Risk factor” means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.

~~44-67.~~ No change (*“School” means:*

- a. No change (*An “accommodation school,” as defined in A.R.S. § 15-101;*
- b. No change (*A “charter school,” as defined in A.R.S. § 15-101;*
- c. No change (*A “private school,” as defined in A.R.S. § 15-101;*
- d. No change (*A “school,” as defined in A.R.S. § 15-101;*
- e. No change (*A college or university;*
- f. No change (*An institution that offers a “private vocational program,” as defined in A.R.S. § 32-3001; or*
- g. No change (*An institution that grants a “degree,” as defined in A.R.S. § 32-3001, for completion of an educational program of study.*

68. “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.

69. “Sexual contact” means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.

~~45-70.~~ No change (*“Shelter” means:*

- a. No change (*A facility or home that provides “shelter care,” as defined in A.R.S. § 8-201;*
- b. No change (*A “homeless shelter,” as defined in A.R.S. § 16-121; or*
- c. No change (*A “shelter for victims of domestic violence,” as defined in A.R.S. § 36-3001.*

71. “Significant exposure” means the same as in A.R.S. § 32-3207.

~~46-72.~~ No change (*“Standard precautions” means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.*

~~47-73.~~ “Subject” means an individual whose blood or other body fluid has been tested or is to be tested.

74. “Submitting entity” means the same as in A.R.S. § 13-1415.

~~48-75.~~ No change (*“Suspect case” means an individual whose medical history, signs, or symptoms indicate that the individual:*

- a. No change (*May have or is developing a communicable disease;*
- b. No change (*May have experienced diarrhea, nausea, or vomiting as part of an outbreak;*

- c. No change (*May have died without apparent cause within 48 hours after experiencing a fever; or*
- d. No change (*May have experienced a vaccinia-related adverse event.*
- ~~49-76.~~ “Syndrome” means a pattern of signs and symptoms characteristic of a ~~specific~~ disease.
- 77. “Test” means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
- 78. “Test results” means information about the outcome of a laboratory analysis of a subject’s specimen and does not include personal identifying information about the subject.
- 79. “Treatment” means a procedure or method to cure, improve, or palliate an illness or a disease.
- 80. “Tuberculosis control officer” means the same as in A.R.S. § 36-711.
- ~~50-81.~~ No change (*“Unexplained death with a history of fever” means the demise of an individual who has had a fever within 48 hours before death and whose illness has not been diagnosed at the time of death.*
- ~~51-82.~~ No change (*“Vaccinia-related adverse event” means any of the reactions described in Exhibit I-A.*
- 83. “Victim” means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
- ~~52-84.~~ “Viral hemorrhagic fever” means disease characterized by fever and hemorrhaging and caused by ~~an Arenavirus, a Bunyavirus, a Filovirus, a Flavivirus, or another~~ a virus.
- ~~53-85.~~ No change (*“Waterborne” means that water serves as a mode of transmission of an infectious agent.*
- ~~54-86.~~ No change (*“Working day” means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.*

ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING

R9-6-201. Definitions

No change (*In this Article, unless otherwise specified:*

- 1. No change (*“Clinical laboratory” has the same meaning as in A.R.S. § 36-451.*
- 2. No change (*“Drug” has the same meaning as in A.R.S. § 32-1901.*
- 3. No change (*“Epidemiologic curve” means a graphic display of the number of cases over time.*
- 4. No change (*“Normally sterile site” means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:*

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- a. No change (*The lower respiratory tract;*
 - b. No change (*Blood;*
 - c. No change (*Bone marrow;*
 - d. No change (*Cerebrospinal fluid;*
 - e. No change (*Pleural fluid;*
 - f. No change (*Peritoneal fluid;*
 - g. No change (*Synovial fluid;*
 - h. No change (*Pericardial fluid;*
 - i. Amniotic fluid;
 - ~~i-j.~~ Urine Lymph;
 - ~~j-k.~~ No change (*A closed abscess; or*
 - ~~k-l.~~ Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, ~~vaginal~~ urogenital tract, or gastrointestinal tract.
5. No change (*"Pharmacist" has the same meaning as in A.R.S. § 32-1901.*
6. No change (*"Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.*
7. No change (*"Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.*

R9-6-202. Reporting Requirements for a Health Care Provider or an Administrator of a Health Care Institution or Correctional Facility

- A.** ~~A health care provider who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 1 or detects an occurrence listed in Table 1 shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).~~
- A** **A health care provider required to report shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).**
- B.** No change (*An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 1 is diagnosed, treated, or detected or an occurrence listed in Table 1 is detected shall, either personally or through a representative, submit a report to the local health agency within the time limitation in Table 1 and as specified in subsection (C), (D), or (E).*
- C.** Except as described in subsections (D) and (E), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 1, a health care provider

required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:

1. No change (*The following information about the case or suspect case:*
 - a. No change (*Name;*
 - b. No change (*Residential and mailing addresses;*
 - c. ~~Whether the individual resides on or off an Indian reservation and, if on, the name of the reservation~~ County of residence;
 - d. If the individual is living on a reservation, the name of the reservation;
 - ~~d-e.~~ No change (*Telephone number;*
 - ~~e-f.~~ No change (*Date of birth;*
 - ~~f-g.~~ No change (*Race and ethnicity;*
 - ~~g-~~ ~~If Native American, tribal affiliation, if known;~~
 - h. No change (*Gender;*
 - i. No change (*If known, whether the individual is pregnant;*
 - j. If known, whether the individual is alive or dead;
 - ~~j-k.~~ ~~Occupation~~ If known, the individual's occupation;
 - ~~k-~~ ~~If known, whether the individual is attending a school or a child care establishment and, if so, the name of the school or child care establishment; and~~
 - l. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and
 - ~~l-m.~~ No change (*For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, and telephone number of the child's parent or guardian, if known.*
2. No change (*The following information about the disease:*
 - a. No change (*The name of the disease;*
 - b. No change (*The date of onset of symptoms;*
 - c. No change (*The date of diagnosis;*
 - d. No change (*The date of specimen collection;*
 - e. No change (*Each type of specimen collected;*
 - f. No change (*Each type of laboratory test completed;*
 - g. ~~The date of laboratory confirmation~~ The result date for each laboratory test; and
 - h. No change (*A description of the laboratory test results, including quantitative values if available;*

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3. ~~If reporting a case or suspect case of chancroid, gonorrhea, syphilis, or genital Chlamydia infection, a description of the treatment prescribed, if any, including:~~
 - ~~a. The name of each drug prescribed;~~
 - ~~b. The dosage prescribed for each drug, and~~
 - ~~c. The date of prescription for each drug; and~~
3. If reporting a case or suspect case of tuberculosis:
 - a. The site of infection; and
 - b. A description of the treatment prescribed, if any, including:
 - i. The name of each drug prescribed,
 - ii. The dosage prescribed for each drug, and
 - iii. The date of prescription for each drug;
4. If reporting a case or suspect case of chancroid, gonorrhea, genital herpes infection, or genital chlamydia infection:
 - a. The gender of the individuals with whom the case or suspect case had sexual contact;
 - b. A description of the treatment prescribed, if any, including:
 - i. The name of each drug prescribed,
 - ii. The dosage prescribed for each drug, and
 - iii. The date of prescription for each drug;
 - c. The site of infection; and
 - d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
5. If reporting a case or suspect case of syphilis:
 - a. The information required under subsection (C)(4); and
 - b. Identification of:
 - i. The stage of the disease, or
 - ii. Whether the syphilis is congenital;
6. **If reporting a case of congenital syphilis in an infant and in addition to the information required under subsection (C)(5) and A.R.S. § 36-694(A), the following information:**
 - a. **The name and date of birth of the infant's mother;**
 - b. **The residential address, mailing address, and telephone number of the infant's mother;**
 - c. **The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and**

d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:

i. Whether the infant's mother received treatment for syphilis.

ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and

iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis;

4.7. The name, address, and telephone number of the individual making the report; and

8. The name and address of the:

a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(7); or

b. Health care institution or correctional facility, if reporting under subsection (B).

D. For each unexplained death with a history of fever, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:

1. No change (*The following information about the deceased individual:*

a. No change (*Name;*

b. No change (*Residential address;*

c. Date of birth;

~~e-d.~~ No change (*Telephone number; and*

~~d-e.~~ No change (*If known, medical history;*

2. No change (*A description of the clinical course of the illness that resulted in death;*

3. No change (*A list of the laboratory tests completed on the deceased individual and, if available, the laboratory test results, including quantitative values;*

4. No change (*The suspected cause or causes of death;*

5. No change (*If known, the status of the autopsy;*

6. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; ~~and~~

7. The name, address, and telephone number of the individual making the report; and

8. The name and address of the:

a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(7); or

b. Health care institution or correctional facility, if reporting under subsection (B).

- E. **For each outbreak for which a report is required by subsection (A) or (B) and Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:**
1. No change (*A description of the signs and symptoms;*
 2. No change (*If possible, a diagnosis and identification of suspected sources;*
 3. No change (*The number of known cases and suspect cases;*
 4. A description of the location and setting of the outbreak; ~~and~~
 5. The name, address, and telephone number of the individual making the report; and
 6. The name and address of the:
 - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (E)(5); or
 - b. Health care institution or correctional facility, if reporting under subsection (B).
- F. ~~A health care provider who orders an HIV-related test on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV or an administrator of a health care institution in which an HIV-related test is ordered on an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV shall, either personally or through a representative, report the following to the Department within five working days after receiving the results of the HIV-related test:~~
- ~~1. The name of the infant;~~
 - ~~2. The name of the infant's mother;~~
 - ~~3. The infant's date of birth;~~
 - ~~4. The type of HIV-related test ordered;~~
 - ~~5. The date of the HIV-related test;~~
 - ~~6. The results of the HIV-related test; and~~
 - ~~7. The ordering health care provider's name, address, and telephone number.~~
- F. When an HIV-related test is ordered for an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:
1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
 2. Include the following information in the report specified in subsection (F)(1):
 - a. The name and date of birth of the infant;
 - b. The residential address, mailing address, and telephone number of the infant;
 - c. The name and date of birth of the infant's mother;

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- d. The date of the last medical evaluation of the infant;
 - e. The types of HIV-related tests ordered for the infant;
 - f. The dates of the infant's HIV-related tests;
 - g. The results of the infant's HIV-related tests; and
 - h. The ordering health care provider's name, address, and telephone number; and
- 3. Include with the report specified in subsection (F)(1) a report for the infant's mother including the following information:
 - a. The name and date of birth of the infant's mother;
 - b. The residential address, mailing address, and telephone number of the infant's mother;
 - c. The date of the last medical evaluation of the infant's mother;
 - d. The types of HIV-related tests ordered for the infant's mother;
 - e. The dates of the HIV-related tests for the infant's mother;
 - f. The results of the HIV-related tests for the infant's mother;
 - g. What HIV-related risk factors the infant's mother has;
 - h. Whether the infant's mother delivered the infant vaginally or by C-section;
 - i. Whether the infant's mother was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
 - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the infant's mother.

G. Except as provided in Table 1, a health care provider required to report or an administrator of a health care institution or correctional facility shall, either personally or through a representative, submit a report required under this Section:

- 1. No change (*By telephone;*
- 2. No change (*In a document sent by fax, delivery service, or mail; or*
- 3. No change (*Through an electronic reporting system authorized by the Department.*

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Table 1. Reporting Requirements for a **Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

☒*,O	Amebiasis	☒	Hantavirus infection	①	Rubella syndrome, congenital
☎	Anthrax	☎	Hemolytic uremic syndrome	☒*,O	Salmonellosis
☒	Aseptic meningitis: viral	☒*,O	Hepatitis A	O	Scabies
☒	Basidiobolomycosis	☒	Hepatitis B and D	☎	Severe acute respiratory syndrome
☎	Botulism	☒	Hepatitis C	☒*,O	Shigellosis
①	Brucellosis	☒*,O	Hepatitis E	☎	Smallpox
☒*,O	Campylobacteriosis	☒	Herpes genitalis	☒	Streptococcal Group A: Invasive disease
☒	<u>Chagas disease (American trypanosomiasis)</u>	☒	HIV infection and related disease	☒	Streptococcal Group B: Invasive disease in infants younger than 90 days of age
☒	Chancroid	①	<u>Influenza-associated mortality in a child</u>	☒	<i>Streptococcus pneumoniae</i> (pneumococcal invasive disease)
☒	<u>Chlamydia infection, genital sexually transmitted</u>	☒	Kawasaki syndrome	☒	Syphilis
①*	Cholera	☒	Legionellosis (Legionnaires' disease)	☒*,O	Taeniasis
☒	Coccidioidomycosis (valley fever)	☒	Leptospirosis	☒	Tetanus
☒	Colorado tick fever	☎	Listeriosis	☒	Toxic shock syndrome
O	Conjunctivitis: acute	☒	Lyme disease	☒	Trichinosis
☒	Creutzfeldt-Jakob disease	☒	Lymphocytic choriomeningitis	①	Tuberculosis, <u>active disease</u>
☒*,O	Cryptosporidiosis	☒	Malaria	①	Tuberculosis <u>latent</u> infection in a child <u>younger than 6, 5</u> years of age <u>or</u> <u>younger</u> (positive <u>screening</u> test result)
☒	<i>Cyclospora</i> infection	☎	Measles (rubeola)	☎	Tularemia
☒	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhoid fever
☒	Dengue	①	Mumps	①	Typhus fever
O	Diarrhea, nausea, or vomiting	☎	Pertussis (whooping cough)	☎	Unexplained death with a history of fever
☎	Diphtheria	☎	Plague	①	Vaccinia-related adverse event
☒	Ehrlichiosis <u>and Anaplasmosis</u>	☎	Polio myelitis	☒	Vancomycin-resistant <i>Enterococcus</i> spp.
☎	Emerging or exotic disease	☒	Psittacosis (ornithosis)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
①	Encephalitis, viral or parasitic	①	Q fever	☎	Vancomycin-resistant <i>Staphylococcus epidermidis</i>
☎	Enterohemorrhagic <i>Escherichia coli</i>	☎	Rabies in a human	☒	Varicella (chickenpox)
☎	Enterotoxigenic <i>Escherichia coli</i>	☒	Relapsing fever (borreliosis)	☒*,O	<i>Vibrio</i> infection
☒*,O	Giardiasis	☒	Reye syndrome	☎	Viral hemorrhagic fever
☒	Gonorrhea	☒	Rocky Mountain spotted fever	☎☒	West Nile virus infection
☒	<i>Haemophilus influenzae</i> : invasive disease	①*	Rubella (German measles)	☎	Yellow fever
☒	Hansen's disease (Leprosy)			☒*,O	Yersiniosis

Key:

- ☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.
- * If a case or suspect case is a food handler or works in a child care establishment or a health care institution, instead of reporting within the general reporting deadline, submit a report within 24 hours after the case or suspect case is diagnosed, treated, or detected.
- ① Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- ☒ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

R9-6-204. Clinical Laboratory Director Reporting Requirements

- A. A Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 3 shall, either personally or through a representative, submit a report and, if applicable, an isolate **or a specimen** to the Department within the time limitation and as specified in Table 3 and subsection (B) or (C).
- B. Except as provided in Table 3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:
1. The name and address of the laboratory;
 2. The name and telephone number of the director of the clinical laboratory;
 - ~~1-3.~~ ~~Unless the test result is from anonymous HIV testing as described in R9-6-339, the~~ The name and, if available, the address and telephone number of the subject;
 - ~~2-4.~~ ~~Unless the test result is from anonymous HIV testing as described in R9-6-339, the~~ The date of birth of the subject;
 5. The gender of the subject;
 - ~~3-6.~~ No change (*The laboratory identification number;*
 - ~~4-7.~~ No change (*The specimen type;*
 - ~~5-8.~~ No change (*The date of collection of the specimen;*
 9. The result date for the test;
 - ~~6-10.~~ No change (*The type of test completed on the specimen;*
 - ~~7-11.~~ No change (*The test result, including quantitative values if available; and*
 - ~~8-12.~~ The ordering health care provider's name, address, and telephone number.
- C. No change (*For each specimen for which an immediate report is required by subsection (A) and Table 3, a clinical laboratory director shall submit a report that includes:*
1. No change (*The name and, if available, the address and telephone number of the subject;*
 2. No change (*The date of birth of the subject;*
 3. The gender of the subject;
 - ~~3-4.~~ No change (*The laboratory identification number;*
 - ~~4-5.~~ No change (*The specimen type;*
 - ~~5-6.~~ No change (*The date of collection of the specimen;*
 - ~~6-7.~~ No change (*The type of test ordered on the specimen; and*
 - ~~7-8.~~ The ordering health care provider's name, address, and telephone number.

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- D.** When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative:
1. Submit a report to the Department within five working days after obtaining a positive test result; and
 2. Include in the report the following information:
 - a. The laboratory identification number of the subject;
 - b. The date of birth, gender, race, and ethnicity of the subject;
 - c. The date the specimen was collected;
 - d. The type of tests completed on the specimen;
 - e. The test results, including quantitative values if available; and
 - f. The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory.
- E.** The Department shall supply the director of each clinical laboratory with forms that may be used by the clinical laboratory when making a report required under subsection (A) or (D) and Table 3.
- D-F.** A clinical laboratory director shall submit a report by telephone; in a document sent by fax, delivery service, or mail; or through an electronic reporting system authorized by the Department. Except as provided in Table 3, each report shall contain the information required under subsection ~~(B) or (C)~~ (B), (C), or (D).

Table 3. Clinical Laboratory Director Reporting Requirements

①	Arboviruses	☒,*	<i>Haemophilus influenzae</i> , other, isolated from a normally sterile site	☒	<i>Plasmodium</i> spp.
☒,☒,*	<i>Bacillus anthracis</i>	☒	Hantavirus	☒,☒	Respiratory syncytial virus
☒,*	<i>Bordetella pertussis</i>	☒,☒	Hepatitis A virus (anti-HAV-IgM serologies)	☒,☒,☒	<u>Rubella virus and anti-rubella-IgM serologies</u>
①,*	<i>Brucella</i> spp.	☒,☒	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface <u>or envelope</u> antigen serologies, and or detection of viral nucleic acid)	①,*	<i>Salmonella</i> spp.
①,*	<i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	☒,☒	Hepatitis C virus	☒	SARS-associated corona virus
☒	<i>Campylobacter</i> spp.	☒,☒	Hepatitis D virus	①,*	<i>Shigella</i> spp.
☒	CD4-T-lymphocyte count of fewer than 200 per microliter of whole blood or CD4-T-lymphocyte percentage of total lymphocytes of less than 14%	☒,☒,☒	Hepatitis E virus (anti-HEV-IgM serologies)	☒,*	<i>Streptococcus</i> Group A, isolated from a normally sterile site
☒	<i>Chlamydia trachomatis</i>	☒	HIV (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒	<i>Streptococcus</i> Group B, isolated from a normally sterile site in an infant younger than 90 days of age
☒,☒	<i>Clostridium botulinum</i> toxin (botulism)	☒	HIV—any test result for an infant (by culture, antigen, antibodies to the virus, or detection of viral nucleic acid)	☒,*	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, isolated from a normally sterile site
☒	<i>Coccidioides</i> spp., by culture or serologies	☒,☒	Influenza virus	☒	<i>Treponema pallidum</i> (syphilis)
①	<i>Coxiella burnetii</i>	☒,*	<i>Legionella</i> spp. (culture or DFA)	☒	<u><i>Trypanosoma cruzi</i> (Chagas disease)</u>
☒	<i>Cryptosporidium</i> spp.	①,*	<i>Listeria</i> spp., isolated from a normally sterile site	☒	Vancomycin-resistant <i>Enterococcus</i> spp.
①	<i>Cyclospora</i> spp.	☒,☒	<u>Measles virus and anti-measles-IgM serologies</u>	①,*	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☒,☒,☒	Dengue virus	☒,+ ²	Methicillin-resistant <i>Staphylococcus aureus</i> , isolated from a normally sterile site	①,*	Vancomycin resistant <i>Staphylococcus epidermidis</i>
☒,☒	Emerging or exotic disease agent	①,+	<u>Mumps virus and anti-mumps-IgM serologies</u>	☒,☒	Variola virus (smallpox)
☒	<i>Entamoeba histolytica</i>	☒,* ²³	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	①,*	<i>Vibrio</i> spp.
①	<i>Escherichia coli</i> O157:H7		<i>Neisseria gonorrhoeae</i>	☒,☒	Viral hemorrhagic fever agent
①,*	<i>Escherichia coli</i> , Shiga-toxin producing	☒	<i>Neisseria meningitidis meningitidis</i> , isolated from a normally sterile site	☒,☒	West Nile virus
☒,☒,*	<i>Francisella tularensis</i>	☒,*	<i>Norovirus</i>	①,*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i>)
☒,*	<i>Haemophilus influenzae</i> , type B b, isolated from a normally sterile site	☒		☒,☒,*	<i>Yersinia pestis</i> (plague)

Key:

- ☒ Submit a report immediately after receiving one specimen for detection of the agent. Report receipt of subsequent specimens within five working days after receipt.
- ☒ Submit a report within 24 hours after obtaining a positive test result.
- ① Submit a report within one working day after obtaining a positive test result.
- ☒ Submit a report within five working days after obtaining a positive test result or a test result specified in Table 3.
- * Submit an isolate of the organism for each positive culture to the Arizona State Laboratory at least once each week, as applicable.
- + A clinical laboratory director may report aggregate numbers of positive test results every five working days rather than submitting individual reports as required in R9-6-204(B). **For each positive test result, submit a specimen to the Arizona State Laboratory within 24 hours after obtaining the positive test result.**

¹ When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel.

⁺² Submit a report only when an initial positive result is obtained for an individual.

⁺²³ Submit an isolate of the organism only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained ≥ 12 months after the initial positive result is obtained for an individual.

R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports

- A.** ~~The Department shall supply each local health agency with a form to be used by a health care provider or an administrator of a health care institution or correctional facility when making a written report required under R9-6-202(A) or (B) and Table 1. The form shall contain space to provide the information required under R9-6-202(C). A local health agency shall distribute copies of the form as needed to health care providers and administrators of health care institutions and correctional facilities.~~
- B.** For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:
1. ~~Within one working day after receiving a report, submit to the Department:~~
 - a. ~~The following information about the deceased individual:~~
 - i. ~~Name;~~
 - ii. ~~Residential address;~~
 - iii. ~~Date of birth;~~
 - iv. ~~Race and ethnicity;~~
 - v. ~~Whether the individual resided on or off a reservation and, if on, the name of the reservation;~~
 - vi. ~~Gender;~~
 - vii. ~~Whether the individual was pregnant and, if so, the outcome of the pregnancy; and~~
 - viii. ~~Occupation;~~
 - b. ~~The approximate date and time of death;~~
 - c. ~~A description of the setting where the death occurred and of the circumstances leading up to the time of death;~~
 - d. ~~The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact; and~~
 - e. ~~The name, address, and telephone number of the individual making the report; and~~
 2. ~~Within 30 days after receiving the report, submit to the Department a written report of the epidemiologic investigation required under Article 3, including:~~
 - a. ~~The name and date of birth of the deceased individual;~~
 - b. ~~The date of any specimen collection;~~
 - c. ~~Identification of each type of specimen collected;~~
 - d. ~~Identification of each type of laboratory test completed;~~

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- e. ~~A description of the laboratory test results, including quantitative results if available;~~
 - f. ~~If an autopsy was completed, the autopsy results;~~
 - g. ~~A hypothesis or conclusion as to the cause of death; and~~
 - h. ~~Specific recommendations for preventing future deaths, if applicable.~~
- C.** ~~Within 10 working days after completing an epidemiologic investigation of a case as required under Article 3, if Article 3 does not require a local health agency to complete a disease-specific form, a local health agency shall submit to the Department a written report of the epidemiologic investigation, including:~~
 - 1. ~~A communicable disease report containing the information described in R9-6-202(C);~~
 - 2. ~~A description of all laboratory test results contributing to the diagnosis;~~
 - 3. ~~A classification of the case according to the case definition;~~
 - 4. ~~A description of the case's outcome;~~
 - 5. ~~A description of the case's specific risk factors for the disease or a hypothesis of how the case acquired the infection that resulted in the disease, and~~
 - 6. ~~A description of how the local health agency provided or arranged for the case to receive education about the nature of the disease and how to prevent transmission or limit disease progression.~~
- D.** ~~A local health agency shall forward to the Department each original report received by the local health agency, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify the current status for each report, as follows:~~
 - 1. ~~Case confirmed and epidemiologic investigation not required;~~
 - 2. ~~Case confirmed and report from epidemiologic investigation attached;~~
 - 3. ~~Case under investigation, or~~
 - 4. ~~No action taken.~~
- E.** ~~Within 30 days after completing an epidemiologic investigation of an outbreak as required under this Chapter, a local health agency shall submit to the Department a written summary of the investigation, including:~~
 - 1. ~~A description of the outbreak location;~~
 - 2. ~~The date and time that the local health agency was notified of the outbreak;~~
 - 3. ~~A description of how the local health agency verified the outbreak;~~
 - 4. ~~The number of individuals reported to be ill during the outbreak;~~
 - 5. ~~The number of individuals estimated to be at risk for illness as a result of the outbreak;~~

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6. ~~The specific case definition used;~~
 7. ~~A summary profile of the signs and symptoms;~~
 8. ~~An epidemiologic curve;~~
 9. ~~A copy of the laboratory evidence collected, including all laboratory test results;~~
 10. ~~Hypotheses of how the outbreak occurred;~~
 11. ~~A description of the control measures used and the dates they were implemented;~~
 12. ~~The conclusions drawn based upon the results of the investigation;~~
 13. ~~Specific recommendations for preventing future outbreaks; and~~
 14. ~~The name, address, and telephone number of the individual making the report.~~
- F.** ~~A local health agency shall immediately notify the Department when the local health agency receives a report or reports indicating an outbreak or suspect outbreak. The notification shall include:~~
1. ~~The location of the outbreak or suspect outbreak;~~
 2. ~~If known, the number of cases and suspect cases;~~
 3. ~~The date that the outbreak was reported or dates that cases suggestive of an outbreak were reported;~~
 4. ~~The setting of the outbreak or suspect outbreak;~~
 5. ~~The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and~~
 6. ~~The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak.~~
- A.** The Department shall supply each local health agency with forms to be used by:
1. **A health care provider required to report** when making a written report required under R9-6-202(A) and Table 1;
 2. An administrator of a health care institution or correctional facility when making a written report required under R9-6-202(B) and Table 1; and
 3. An administrator of a school, child care establishment, or shelter when making a written report required under R9-6-203(A) and Table 2.
- B.** A local health agency shall distribute copies of the Department-provided forms specified in subsection (A) as needed to **health care providers required to report** and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters.
- C.** Except as specified in **Table 4** and Article 3, a local health agency shall provide to the Department the information contained in each report **of a case, suspect case, or occurrence** received by the local health agency under R9-6-202 or R9-6-203, including any report of disease

in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:

- 1. Which of the following best describes the individual identified in each report:**
 - a. The individual meets the case definition for a disease case,**
 - b. The individual is a suspect case,**
 - c. The individual does not meet the case definition for a disease case or suspect case, or**
 - d. The local health agency has not yet determined the status of the disease in the individual; and**

2. The status of the epidemiologic investigation for each report.

D. Except as specified in Table 4 and Article 3, a local health agency shall submit to the Department a written or electronic report of an epidemiologic investigation conducted by the local health agency:

- 1. In response to a report of a case, suspect case, or occurrence:**
 - a. Submitted under R9-6-202 or R9-6-203, or**
 - b. About which the local health agency was notified by the Department;**
2. Within 30 **calendar** days after receiving the report submitted under R9-6-202 or R9-6-203 **or notification by the Department;**
3. If an epidemiologic investigation is required for the reported disease under Article 3; and
4. Including in the epidemiologic investigation report:
 - a. The information described in:
 - i. R9-6-202(C) for a report submitted under R9-6-202,
 - ii. R9-6-203(B) for a report submitted under R9-6-203, **or**
 - iii. R9-6-202(C) for a report about which the Department notified the local health agency;**
 - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
 - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
 - d. A classification of the case according to the case definition;
 - e. A description of the condition or status of the case at the end of the epidemiologic investigation;

- f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
- g. A description of how the local health agency provided or arranged for the case to receive **health education** about the nature of the disease and how to prevent transmission or limit disease progression;
- h. A description of the case's specific risk factors for transmitting the disease considered by the local health agency when conducting an assessment of contacts;
- i. A description of the control measures used by the local health agency to reduce the spread of the disease; and
- j. The date the report was submitted **or the Department notified the local health agency.**

E. For each reported case or suspect case of unexplained death with a history of fever, the local health agency for the jurisdiction in which the death occurred shall:

- 1. Within one working day after receiving a report of unexplained death with a history of fever, submit to the Department:
 - a. The following information about the deceased individual:
 - i. Name;
 - ii. Residential address;
 - iii. Date of birth;
 - iv. Race and ethnicity;
 - v. County of residence;
 - vi. If the individual was living on a reservation at the time of the individual's death, the name of the reservation;
 - vii. Gender;
 - viii. Whether the individual was pregnant and, if so, the result of the pregnancy; and
 - ix. Occupation;
 - b. The date of onset of symptoms;
 - c. The approximate date and time of death;
 - d. A description of the setting where the death occurred and of the circumstances leading up to the time of death;

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- e. The name, residential address, and telephone number of a family member of the deceased individual who can serve as a point of contact;
 - f. The name, address, and telephone number of the individual making the report;
and
 - g. The name and address of the:
 - i. **Health care provider required to report**, if:
 - (1) The unexplained death with a history of fever was reported to the local health agency under R9-6-202(A), and
 - (2) The health care provider is different from the individual specified in subsection (E)(1)(f); or
 - ii. Health care institution or correctional facility, if the unexplained death with a history of fever was reported to the local health agency under R9-6-202(B); and
2. Within 30 **calendar** days after receiving the report of unexplained death with a history of fever, submit to the Department a written **or electronic** report of the epidemiologic investigation required under Article 3, including:
- a. The name and date of birth of the deceased individual;
 - b. The date of each specimen collection;
 - c. Identification of each type of specimen collected;
 - d. Identification of each type of laboratory test completed;
 - e. A description of the laboratory test results, including quantitative results if available;
 - f. If an autopsy was completed, the autopsy results;
 - g. A hypothesis or conclusion as to the cause of death; and
 - h. Specific recommendations for preventing future deaths, if applicable.
- F. **Except as specified in Table 4 and Article 3**, for each instance when the local health agency receives a report or reports indicating an outbreak or suspect outbreak, the local health agency shall:
- 1. Within **one working day after** receiving the report or reports, provide to the Department the following information:
 - a. The location of the outbreak or suspect outbreak;
 - b. If known, the number of cases and suspect cases;
 - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;

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- d. The setting of the outbreak or suspect outbreak;
 - e. The name of the disease suspected or known to be the subject of the outbreak or suspect outbreak; and
 - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or suspect outbreak; and
2. Within **30 calendar days after receiving the report or reports**, submit to the Department a written **or electronic** report of the **epidemiologic investigation conducted by the local health agency in response to the outbreak or suspect outbreak**, including:
- a. A description of the outbreak location and setting;
 - b. **The date that the local health agency was notified of the outbreak;**
 - c. A description of how the local health agency verified the outbreak;
 - d. The number of individuals reported to be ill during the outbreak;
 - e. **The number of individuals estimated to be at risk for illness as a result of the outbreak;**
 - f. The specific case definition used;
 - g. A summary profile of the signs and symptoms;
 - h. An epidemiologic curve;
 - i. A **copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;**
 - j. Hypotheses of how the outbreak occurred;
 - k. A description of the control measures used and the dates the control measures were implemented;
 - l. The conclusions drawn based upon the results of the epidemiologic investigation;
 - m. **Recommendations for preventing future outbreaks; and**
 - n. The name, address, and telephone number of the individual making the report.

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Table 4. Local Health Agency Reporting Requirements

III	<u>Amebiasis</u>	III	<u>Hantavirus infection</u>	III	<u>Rocky Mountain spotted fever</u>
☎, III, *	<u>Anthrax</u>	III	<u>Hemolytic uremic syndrome</u>	☎, III, S	<u>Rubella (German measles)</u>
O-III	<u>Aseptic meningitis, viral</u>	III	<u>Hepatitis A</u>	☎, III, S	<u>Rubella syndrome, congenital</u>
☎	<u>Basidiobolomycosis</u>	III	<u>Hepatitis B and Hepatitis D</u>	III	<u>Salmonellosis</u>
☎, III, S	<u>Botulism</u>	III	<u>Hepatitis C</u>	O-☎	<u>Scabies</u>
III, *	<u>Brucellosis</u>	III	<u>Hepatitis E</u>	☎, III	<u>Severe acute respiratory syndrome</u>
III	<u>Campylobacteriosis</u>	None	<u>Herpes genitalis</u>	III	<u>Shigellosis</u>
III	<u>Chagas infection and related disease (American Trypanosomiasis)</u>	III	<u>Human Immunodeficiency Virus (HIV) infection and related disease</u>	☎, III	<u>Smallpox</u>
III	<u>Chancroid (<i>Haemophilus ducreyi</i>)</u>	III	<u>Influenza-associated mortality in a child</u>	O-III	<u>Streptococcal Group A infection</u>
5-day only	<u>Chlamydia infection, sexually transmitted</u>	☎	<u>Kawasaki syndrome</u>	III	<u>Streptococcal Group B infection in an infant younger than 90 days of age</u>
☎, III	<u>Cholera</u>	III	<u>Legionellosis (Legionnaires' disease)</u>	☎	<u><i>Streptococcus pneumoniae</i> infection</u>
O-III	<u>Coccidioidomycosis (Valley Fever)</u>	III	<u>Leptospirosis</u>	III, O-III	<u>Syphilis</u>
III	<u>Colorado tick fever</u>	III, *	<u>Listeriosis</u>	III	<u>Taeniasis</u>
O-☎	<u>Conjunctivitis: acute</u>	III	<u>Lyme disease</u>	III	<u>Tetanus</u>
☎	<u>Creutzfeldt-Jakob disease</u>	III	<u>Lymphocytic choriomeningitis</u>	III	<u>Toxic shock syndrome</u>
III	<u>Cryptosporidiosis</u>	III	<u>Malaria</u>	III	<u>Trichinosis</u>
III	<u>Cyclospora infection</u>	☎, III, S	<u>Measles (rubeola)</u>	III, *	<u>Tuberculosis</u>
☎	<u>Cysticercosis</u>	III, *	<u>Melioidosis</u>	☎, III, *	<u>Tularemia</u>
III	<u>Dengue</u>	☎, III, *	<u>Meningococcal invasive disease</u>	III	<u>Typhoid fever</u>
O-III	<u>Diarrhea, nausea, or vomiting</u>	☎, III, S	<u>Mumps</u>	III	<u>Typhus fever</u>
☎, III	<u>Diphtheria</u>	O-III	<u>Norovirus</u>	☎, III	<u>Unexplained death with a history of fever</u>
III	<u>Ehrlichiosis (Ehrlichiosis and Anaplasmosis)</u>	5-day only	<u>Pediculosis (lice infestation)</u>	III	<u>Vaccinia-related adverse event</u>
☎, III	<u>Emerging or exotic disease</u>	III	<u>Pertussis (whooping cough)</u>	☎, III, *	<u>Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i></u>
☎, III	<u>Encephalitis: viral or parasitic</u>	☎, III, *	<u>Plague</u>	☎, III, *	<u>Vancomycin-resistant <i>Staphylococcus epidermidis</i></u>
III	<u>Enterohemorrhagic <i>Escherichia coli</i></u>	☎, III, S	<u>Poliomyelitis</u>	☎	<u>Varicella (chickenpox)</u>
III	<u>Enterotoxigenic <i>Escherichia coli</i></u>	III	<u>Psittacosis (ornithosis)</u>	III	<u>Vibrio infection</u>
O-III	<u>Giardiasis</u>	☎, III	<u>Q Fever</u>	☎, III, S	<u>Viral hemorrhagic fever</u>
5-day only	<u>Gonorrhea</u>	☎, III	<u>Rabies in a human</u>	III	<u>West Nile virus-related syndromes</u>
III	<u><i>Haemophilus influenzae</i>: invasive disease</u>	III	<u>Relapsing fever (borreliosis)</u>	☎, III	<u>Yellow fever</u>
☎	<u>Hansen's disease (Leprosy)</u>	☎	<u>Reye syndrome</u>	☎, III, *	<u>Yersiniosis (enteropathogenic <i>Yersinia</i>)</u>

Unless otherwise specified, notify the Department within five days after receiving a report under R9-6-202 or R9-6-203.

Key:

- ☎** Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.
- ☎** Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.
- III** Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- ☎** Submit an epidemiologic investigation report within 60 calendar days after receiving a report under R9-6-202 or R9-6-203 or notification by the Department.
- *** Ensure that an isolate from a case is submitted to the Arizona State Laboratory.
- S** Ensure that specimens from a case, as specified by the Department, are submitted to the Arizona State Laboratory.
- O** Submit a report after conducting an epidemiological investigation of an outbreak.

ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

R9-6-301. Definitions

In this Article, unless otherwise specified:

1. No change (*“Blood bank” means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.*
2. No change (*“Blood center” means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.*
3. **“Close contact” means an individual who has spent a sufficient amount of time with and who has been within a sufficient proximity to a case to have sustained significant exposure to an infectious agent.**
4. ~~“Concurrent disinfection” means the application of measures to disinfect inanimate objects or surfaces after the discharge of body fluids from the body of an infected individual or after the contamination of articles with body fluids.~~
5. ~~“Contact precautions” means, in addition to Standard precautions, placement of a case in a private room or a cohort room and use of a gown and gloves when in the proximity of the case.~~
3. **“Contact precautions” means, in addition to use of standard precautions:**
 - a. **Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual’s bed from the bed of another individual; and**
 - b. **Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.**
- 6.4. No change (*“Contaminated” means to have come in contact with a disease-causing agent or toxin.*
7. ~~“Counseling and testing site” means a health facility offering clients HIV counseling and HIV-related testing that meets the standards established in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Revised Guidelines for HIV Counseling, Testing, and Referral (November 2001), published in Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Pub. No. RR-19, 50 Morbidity and Mortality Weekly Report (November 9, 2001), incorporated by reference, on file with the Department and the Office of the Secretary of State, and available at <http://www.cdc.gov/mmwr/> or <ftp://ftp.cdc.gov/pub/Publications/mmwr/> or from Centers for Disease Control and~~

~~Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333. This incorporation by reference contains no future editions or amendments.~~

~~8.5.~~ No change (*“Disinfection” means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.*

~~9.6.~~ No change (*“Disinfestation” means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.*

~~10.~~ “Droplet precautions” means, in addition to Standard precautions, placement of a case in a private room or cohort room and use of a mask when working within three feet of the case.

7. “Droplet precautions” means, in addition to use of standard precautions:

a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual’s bed from the bed of another individual;

b. Ensuring that the individual wears a mask covering the individual’s mouth and nose, if medically appropriate, when not in the room described in subsection (7)(a); and

c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.

~~11.8.~~ No change (*“Follow-up” means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.*

~~12.~~ “Identified individual” means an individual named by a case as an individual who may have been exposed through sexual contact with the case, and for whom a case provides information that enables the local health agency to locate the individual.

~~13.9.~~ No change (*“Incapacitated adult” means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.*)

~~14.10.~~ No change (*“Midwife” has the same meaning as in A.R.S. § 36-751.*

~~15.11.~~ No change (*“Pediculocide” means a shampoo or cream rinse manufactured and labeled for controlling head lice.*

~~16.12.~~ No change (*“Person in charge” means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.*

~~17.13.~~ No change (*“Plasma center” means a facility where the process of plasmapheresis or another form of apheresis is conducted.*

~~18.~~ “Pupil” means a student attending a school, as defined in A.R.S. § 15-101.

19. **“School district personnel” means individuals who work for a “school district,” as defined by A.R.S. § 15-101, whether within a classroom or other setting and whether as employees, contractors, or volunteers.**

20. **“Sexual contact” means vaginal intercourse, anal intercourse, fellatio, or cunnilingus.**

21.14. No change (*“State health officer” means the Director of the Department or the Director's designee.*)

R9-6-302. Local Health Agency Control Measures

No change (*A local health agency shall:*)

1. No change (*Review each report received under Article 2 for completeness and accuracy;*
2. No change (*Confirm each diagnosis;*
3. No change (*Conduct epidemiologic and other investigations required by this Chapter;*
4. No change (*Facilitate notification of known contacts;*
5. No change (*Conduct surveillance;*
6. No change (*Determine trends;*
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter; ~~and~~
8. Disseminate surveillance information to health care providers;
9. Provide **health education** to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

~~R9-6-388.~~ R9-6-303. Isolation and Quarantine

~~A. When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency shall issue a written order for isolation or quarantine and other control measures to each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(3).~~

1. ~~The written order shall specify:~~
 - a. ~~The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;~~
 - b. ~~The identity of each individual or group of individuals subject to the order;~~
 - c. ~~The premises at which each individual or group of individuals is to be isolated or quarantined;~~

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- d. ~~The date and time at which isolation or quarantine and other control measure requirements begin; and~~
 - e. ~~The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts.~~
 - 2. ~~The written order may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment.~~
 - 3. ~~If an order applies to a group of individuals, and it would be impractical to provide a copy to each individual, the local health agency may post the order in a conspicuous place at the premises at which the individuals are to be isolated or quarantined.~~
- B.** ~~Within 10 days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 days after the date of the order, the local health agency shall file a petition for a court order authorizing the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals. The petition shall:~~
 - 1. ~~Include the following:~~
 - a. ~~The isolation or quarantine and other control measure requirements being imposed, which may include requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;~~
 - b. ~~The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;~~
 - c. ~~The premises at which each individual or group of individuals is isolated or quarantined;~~
 - d. ~~The date and time at which isolation or quarantine and other control measure requirements began; and~~
 - e. ~~The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and~~
 - 2. ~~Be accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.~~
- A.** When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:

1. Shall issue a written order:
 - a. For isolation or quarantine and other control measures;
 - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(2);
 - c. That specifies:
 - i. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;
 - ii. The identity of each individual or group of individuals subject to the order;
 - iii. The premises at which each individual or group of individuals is to be isolated or quarantined;
 - iv. The date and time at which isolation or quarantine and other control measure requirements begin; and
 - v. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
 - d. That may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment; and
 2. If a written order applies to a group of individuals, and it would be impractical to provide a copy to each individual, may post the order in a conspicuous place at the premises at which the individuals are to be isolated or quarantined.
- B.** Within 10 **calendar** days after issuing a written order described in subsection (A), if a local health agency determines that isolation or quarantine and other control measure requirements need to continue for more than 10 **calendar** days after the date of the order, the local health agency shall file a petition for a court order that:
1. Authorizes the continuation of isolation or quarantine and other control measure requirements pertaining to an individual or group of individuals;
 2. Includes the following:

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- a. The isolation or quarantine and other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
 - b. The identity of each individual or group of individuals subject to isolation or quarantine and other control measure requirements;
 - c. The premises at which each individual or group of individuals is isolated or quarantined;
 - d. The date and time at which isolation or quarantine and other control measure requirements began; and
 - e. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- C. No change (*A local health agency that files a petition for a court order under subsection (B) shall provide notice to each individual or group of individuals identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.*)
- D. No change (*In the event of noncompliance with a written order issued under subsection (A), a local health agency may contact law enforcement to request assistance in enforcing the order.*)

R9-6-303. R9-6-304. Food Establishment Control Measures

No change (*The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or ordered by a local health agency.*)

R9-6-304. R9-6-305. Amebiasis

A. Case control measures:

1. **A local health agency shall exclude an amebiasis case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until treatment with an amebicide is completed and two successive fecal examinations negative for amoebae are obtained from specimens collected at least 24 hours apart.**
2. **A local health agency shall conduct an epidemiologic investigation of each reported amebiasis case or suspect case.**

B. ~~Contact control measures: A local health agency shall exclude each amebiasis contact with symptoms of amebiasis from working as a food handler until two successive stool specimens negative for amoebae are obtained from specimens collected at least 24 hours apart.~~

Case control measures: A local health agency shall:

- 1. Exclude an amebiasis case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:**
 - a. Treatment with an amebicide is initiated, and**
 - b. Two successive stool specimens negative for amoebae are obtained from specimens collected at least 24 hours apart;**
- 2. Conduct an epidemiologic investigation of each reported amebiasis case or suspect case; and**
- 3. For each amebiasis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-305. R9-6-306. Anthrax~~

~~A. Case control measures: A health agency shall conduct an epidemiologic investigation of each reported anthrax case or suspect case.~~

A. Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of an anthrax case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;**
- 2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;**
- 3. For each anthrax case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and**
- 4. Ensure that an isolate from each anthrax case is submitted to the Arizona State Laboratory.**

B. Environmental control measures: A local health agency shall provide or arrange for sterilization by dry heating or incineration of objects contaminated by ~~Bacillus anthracis~~ *Bacillus anthracis*.

~~R9-6-306. R9-6-307. Aseptic Meningitis: Viral~~

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of viral aseptic meningitis.~~

Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of aseptic meningitis; and**

2. For each outbreak of aseptic meningitis, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).**

~~R9-6-307.~~ R9-6-308. Basidiobolomycosis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case; and
2. For each basidiobolomycosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-308.~~ R9-6-309. Botulism

~~A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported botulism case or suspect case. For each botulism case who is an infant, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.73, "Guide to Investigation of Infant Botulism" (September 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 52.73 provided by the Department.~~

~~B. Environmental control measures: An individual in possession of food known to be contaminated by Clostridium botulinum shall boil the contaminated food for 10 minutes and then discard it. An individual in possession of utensils known to be contaminated by Clostridium botulinum shall boil the contaminated utensils for 10 minutes before reuse or disposal.~~

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a botulism case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
3. For each botulism case:

- a. **Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D):**
 - b. Ensure that a specimen from each botulism case is submitted to the Arizona State Laboratory; and
 - c. In consultation with the Department, determine if treatment of the botulism case is required.
- B.** Environmental control measures: An individual in possession of:
1. Food known to be contaminated by *Clostridium botulinum* shall boil the contaminated food for 10 minutes and then discard it, and
 2. Utensils known to be contaminated by *Clostridium botulinum* shall boil the contaminated utensils for 10 minutes before reuse or disposal.

R9-6-309, R9-6-310. Brucellosis

Case control measures: ~~A local health agency shall conduct an epidemiologic investigation of each reported brucellosis case or suspect case. For each brucellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 4.153, "Brucellosis Case Surveillance Report" (November 1980), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 4.153 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported brucellosis case or suspect case;
2. For each brucellosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D)**; and
3. Ensure that an isolate from each brucellosis case is submitted to the Arizona State Laboratory.

R9-6-310, R9-6-311. Campylobacteriosis

A. Case control measures:

1. A local health agency shall exclude a campylobacteriosis case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - a. One of the following occurs:

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- i. A culture negative for *Campylobacter* spp. is obtained from a stool specimen; or
 - ii. Treatment is maintained for 24 hours; and
 - b. Diarrhea has resolved.
 - 2. A local health agency shall conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case. For each campylobacteriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-A or an electronic equivalent to Exhibit III-A provided by the Department.
- B. ~~Contact control measures: A local health agency shall exclude each campylobacteriosis contact with diarrhea from working as a food handler until a culture negative for *Campylobacter* spp. is obtained from a stool specimen or diarrhea has resolved.~~**

Case control measures: A local health agency shall:

- 1. Exclude a campylobacteriosis case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - a. One of the following occurs:
 - i. A culture negative for *Campylobacter* spp. is obtained from a stool specimen; or
 - ii. Treatment is maintained for 24 hours; and
 - b. Diarrhea has resolved;
- 2. Conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case; and
- 3. For each campylobacteriosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

R9-6-312. Chagas Infection and Related Disease (American Trypanosomiasis)

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
- 2. For each Chagas infection or disease case:
 - a. **Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and**

b. **Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:**

- i. The treatment options for Chagas infection or disease.
- ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
- iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

~~R9-6-311.~~ **R9-6-313. Chancroid (*Haemophilus duereyi* *Haemophilus ducreyi*)**

- A. Case control measures: A local health agency shall: ~~conduct an epidemiologic investigation of each reported chancroid case or suspect case, confirming the stage of the disease.~~
1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
 2. For each chancroid case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
 3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.
- B. ~~Contact control measures: When a chancroid case has named an identified individual, a local health agency shall:~~
1. ~~Notify the identified individual of chancroid exposure;~~
 2. ~~Offer or arrange for the identified individual to receive treatment for chancroid; and~~
 3. ~~Counsel the identified individual about the following:~~
 - a. ~~The characteristics of chancroid;~~
 - b. ~~The syndrome caused by chancroid;~~
 - c. ~~Measures to reduce the likelihood of transmitting chancroid to another, and~~
 - d. ~~The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.~~
- B. Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.**

~~R9-6-312.~~ **R9-6-314. Chlamydia Infection, ~~Genital~~ Sexually Transmitted**

- A. Case control measures:
1. The Department shall review each ~~Chlamydia~~ chlamydia infection case report for completeness, accuracy, and need for follow-up.

2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and **health education** for a chlamydia case that seeks treatment from the local health agency.
- B. Contact control measures: If an individual who may have been exposed to ~~Chlamydia~~ chlamydia through sexual contact with a ~~Chlamydia~~ chlamydia infection case seeks treatment for symptoms of Chlamydia chlamydia infection from a local health agency, the local health agency shall ~~offer or arrange for treatment~~ comply with the requirements specified in R9-6-1103 concerning treatment and **health education** for the individual.

~~R9-6-313. R9-6-315. Cholera~~

~~A. Case control measures:~~

1. ~~A local health agency shall exclude a cholera case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for Vibrio cholerae are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics.~~
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported cholera case or suspect case. For each cholera case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other Vibrio Illness Surveillance Report" (July 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments;~~
~~or~~
 - b. ~~An electronic equivalent to Form CDC 52.79 provided by the Department.~~

~~B. Contact control measures: A local health agency shall:~~

1. ~~Provide follow-up for each cholera contact for five days after exposure; and~~
2. ~~Exclude each cholera contact with symptoms of cholera from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for Vibrio cholerae are obtained from stool specimens collected at least 24 hours apart.~~

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A. Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;**
- 2. Exclude a cholera case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until two successive cultures negative for *Vibrio cholerae* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics;**
- 3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and**
- 4. For each cholera case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.

~~R9-6-314. R9-6-316. Coccidioidomycosis (Valley Fever)~~

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis.~~

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis; and
2. For each outbreak of coccidioidomycosis, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).**

~~R9-6-315. R9-6-317. Colorado Tick Fever~~

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case; and
2. For each Colorado tick fever case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-316. R9-6-318. Conjunctivitis: Acute~~

No change (*Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the*

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school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported conjunctivitis outbreak, and
2. For each conjunctivitis outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).

R9-6-317. R9-6-319. Creutzfeldt-Jakob Disease

Case control measures: A local health agency shall complete an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case.

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case; and
2. For each Creutzfeldt-Jakob disease case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

R9-6-318. R9-6-320. Cryptosporidiosis

Case control measures:

- ~~1. A local health agency shall exclude a cryptosporidiosis case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case. For each cryptosporidiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-B or an electronic equivalent to Exhibit III-B provided by the Department.~~

Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case; and
3. For each cryptosporidiosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

R9-6-319. R9-6-321. Cyclospora Infection

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~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Cyclospora infection case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case; and
2. For each *Cyclospora* infection case **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-320. R9-6-322. Cysticercosis~~

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported cysticercosis case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported cysticercosis case or suspect case; and
2. For each cysticercosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-321. R9-6-323. Dengue~~

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported dengue case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported dengue case or suspect case; and
2. For each dengue case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-322. R9-6-324. Diarrhea, Nausea, or Vomiting~~

A. *No change (Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each water, sewage, or food preparation facility associated with an outbreak of diarrhea, nausea, or vomiting.*

B. ~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting.~~

- ~~1. For each suspected foodborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:~~
 - ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.13, "Investigation of a Foodborne Outbreak"~~

- ~~(October 2000), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to Form CDC 52.13 provided by the Department.~~
 - 2. For each suspected waterborne illness outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation:
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.12, "Waterborne Diseases Outbreak Report" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to Form CDC 52.12 provided by the Department.~~
 - 3. ~~For each outbreak of viral gastroenteritis, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III-C or an electronic equivalent to Exhibit III-C provided by the Department.~~

B. Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
- 2. **Submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F) for:**
 - a. Each suspected foodborne illness outbreak,
 - b. Each suspected waterborne illness outbreak, and
 - c. Each outbreak of viral gastroenteritis.

R9-6-323. R9-6-325. Diphtheria

A. No change (*Case control measures:*

- ~~1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a diphtheria case until:~~
 - ~~a. One of the following:~~
 - ~~i. If the case has pharyngeal diphtheria, two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and~~

- throat specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or
 - ii. If the case has cutaneous diphtheria, two successive cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case at least 24 hours apart and at least 24 hours after cessation of treatment; or
 - b. Fourteen days after initiation of treatment.
 2. A local health agency shall conduct an epidemiologic investigation of each reported diphtheria case or suspect case. For each diphtheria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
 - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Diphtheria Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
 - b. An electronic equivalent to the "CDC Diphtheria Worksheet" provided by the Department.
- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:**
- a. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until:**
 - i. Two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; or**
 - ii. Fourteen calendar days after initiation of treatment; and**
 - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until:**
 - i. Two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; or**

ii. Fourteen calendar days after initiation of treatment.

2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a diphtheria case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
 - c. For each diphtheria case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change (*Contact control measures: A local health agency shall:*

1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Cornye bacterium diphtheriae* *Cornye bacterium diphtheriae* is obtained from the contact's nose and throat specimens;
2. **Quarantine each close contact of a diphtheria case In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Cornye bacterium diphtheriae* *Cornye bacterium diphtheriae* are obtained from nose and throat specimens collected from the close contact at least 24 hours apart;**
3. No change (*Offer each previously immunized diphtheria contact a vaccine containing diphtheria toxoid; and*
4. No change (*Offer each unimmunized diphtheria contact the primary vaccine series and treatment.*

R9-6-324. R9-6-326. Ehrlichiosis-Ehrlichioses (Ehrlichiosis and Anaplasmosis)

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported ehrlichiosis case or suspect case. For each ehrlichiosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. ~~*A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or*~~
2. *An electronic equivalent to Form CDC 55.1 provided by the Department.*

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Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported ehrlichiosis or anaplasmosis case or suspect case; and
2. For each ehrlichiosis or anaplasmosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-325. R9-6-327. Emerging or Exotic Disease

A. Case control measures:

- ~~1. A local health agency, in consultation with the Department, shall isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case.~~

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of an emerging or exotic disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
4. For each emerging or exotic disease case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. No change (*Contact control measures: A local health agency, in consultation with the Department, shall quarantine an emerging or exotic disease contact as necessary to prevent transmission.*)

R9-6-326. R9-6-328. Encephalitis: Viral or Parasitic

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case. For each mosquito-borne viral encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.

Case control measures: A local health agency shall:

1. **Upon receiving a report under R9-6-202 of a viral or parasitic encephalitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;**

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2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and
3. For each encephalitis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-327. R9-6-329. Enterohemorrhagic ~~Escherichia coli~~ *Escherichia coli*

A. Case control measures:

1. ~~A local health agency shall exclude an enterohemorrhagic *Escherichia coli* case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
 - a. ~~Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
 - b. ~~Diarrhea has resolved.~~
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case. For each enterohemorrhagic *Escherichia coli* case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-E or an electronic equivalent to Exhibit III-E provided by the Department.~~

B. Contact control measures: ~~A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea from working as a food handler until diarrhea has resolved.~~

A. Case control measures: A local health agency shall:

1. Exclude an enterohemorrhagic *Escherichia coli* case or suspect case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
 - b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported enterohemorrhagic *Escherichia coli* case or suspect case; and
3. For each enterohemorrhagic *Escherichia coli* case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. Contact control measures: A local health agency shall exclude an enterohemorrhagic *Escherichia coli* contact with diarrhea of unknown cause from working as a food handler, caring for patients

or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.

C. Environmental control measures: A local health agency shall:

1. If an animal located in a private residence is suspected to be the source of infection for an enterohemorrhagic *Escherichia coli* case or outbreak, **provide health education** for the animal's owner about enterohemorrhagic *Escherichia coli* and the risks of becoming infected with enterohemorrhagic *Escherichia coli*; and
2. If an animal located in a setting other than a private residence is suspected to be the source of infection for an enterohemorrhagic *Escherichia coli* case or outbreak:
 - a. **Provide health education for** the animal's owner about enterohemorrhagic *Escherichia coli* and the risks of becoming infected with enterohemorrhagic *Escherichia coli*, and
 - b. Require the animal's owner to **provide information to individuals** with whom the animal may come into contact about enterohemorrhagic *Escherichia coli* and methods to reduce the risk of transmission.

~~R9-6-328. R9-6-330. Enterotoxigenic *Escherichia coli*~~ *Escherichia coli*

A. Case control measures:

- ~~1. A local health agency shall exclude an enterotoxigenic *Escherichia coli* case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:~~
 - ~~a. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
 - ~~b. Diarrhea has resolved.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case.~~

A. Case control measures: A local health agency shall:

1. Exclude an enterotoxigenic *Escherichia coli* case or suspect case with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - a. Two successive cultures negative for enterotoxigenic *Escherichia coli* are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
 - b. Diarrhea has resolved;

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2. Conduct an epidemiologic investigation of each reported enterotoxigenic *Escherichia coli* case or suspect case; and
 3. For each enterotoxigenic *Escherichia coli* case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall exclude an enterotoxigenic *Escherichia coli* *Escherichia coli* contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

R9-6-329. R9-6-331. Giardiasis

- A. Case control measures: A local health agency shall exclude a giardiasis case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
1. Two successive stool specimens negative for ~~*Giardia lamblia*~~ *Giardia lamblia* are obtained from specimens collected from the case at least 24 hours apart; or
 2. No change (*Treatment for giardiasis is initiated and diarrhea has resolved.*
- ~~B. Contact control measures:~~
- ~~1. A local health agency shall exclude a giardiasis contact with diarrhea from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.~~
 - ~~2. A local health agency shall counsel or arrange for a giardiasis contact or, if the contact is a child or incapacitated adult, the parent or guardian of the contact to be counseled about handwashing and concurrent disinfection of contaminated objects.~~
- C. Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported giardiasis outbreak. For each giardiasis case involved in an outbreak, a local health agency shall complete and submit to the Department within 30 days after completing an epidemiologic investigation Exhibit III F or an electronic equivalent to Exhibit III F provided by the Department.**
- B. Contact control measures: A local health agency shall exclude a giardiasis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until diarrhea has resolved.**
- C. Outbreak control measures: A local health agency shall:**
1. Conduct an epidemiologic investigation of each reported giardiasis outbreak;
 2. **For each giardiasis case involved in an outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and**

3. **For each giardiasis outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).**

~~R9-6-330.~~ R9-6-332. Gonorrhea

- A. No change (*Case control measures:*
1. No change (*The Department shall review each gonorrhea case report for completeness, accuracy, and need for follow-up.*
 2. **For the prevention of gonorrheal ophthalmia, a health care provider physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:**
 - a. No change (*Erythromycin ophthalmic ointment 0.5%, or*
 - b. No change (*Tetracycline ophthalmic ointment 1%.*
 3. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and **health education** for a gonorrhea case that seeks treatment from the local health agency.
- B. Contact control measures: If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for symptoms of gonorrhea from a local health agency, the local health agency shall ~~offer or arrange for treatment~~ comply with the requirements specified in R9-6-1103 concerning treatment and **health education** for the individual.

~~R9-6-331.~~ R9-6-333. *Haemophilus influenzae* *Haemophilus influenzae*: Invasive Disease

- A. No change (*Case control measures:*
1. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a *Haemophilus influenzae* *Haemophilus influenzae* invasive disease meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.**
 2. ~~A local health agency shall conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case.~~
 - a. ~~For each *Haemophilus influenzae* invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - i. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial~~

health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.18, "Hansen's Disease Surveillance Form" (March 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or
2. An electronic equivalent to Form CDC 52.18 provided by the Department.

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case; and
2. For each Hansen's disease case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. Contact control measures: In consultation with the Department, a A local health agency shall examine close contacts of a Hansen's disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

R9-6-333. R9-6-335. Hantavirus Infection

Case control measures:

1. A local health agency shall counsel or arrange for a Hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be counseled about reducing the risks of becoming reinfected with or of having others become infected with hantavirus.
2. A local health agency shall conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case. For each hantavirus infection case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:
 - a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Hantavirus Pulmonary Syndrome Case Report Form" (November 2002) and a Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Individual Questionnaire" (January 1996), which are incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral

~~and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~

- b. ~~Electronic equivalents to the "Hantavirus Pulmonary Syndrome Case Report Form" and "Individual Questionnaire" provided by the Department.~~

Case control measures: A local health agency shall:

1. **Provide** or arrange for a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case to **receive health education** about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
2. Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
3. For each hantavirus infection case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-334. R9-6-336.~~ Hemolytic Uremic Syndrome

~~A.~~ Case control measures:

- ~~1. A local health agency shall exclude a hemolytic uremic syndrome case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - ~~a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or~~
 - ~~b. Diarrhea has resolved.~~~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case.~~

A. Case control measures: A local health agency shall:

1. Exclude a hemolytic uremic syndrome case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
 - a. Two successive cultures negative for enterohemorrhagic *Escherichia coli* and *Shigella* spp. are obtained from stool specimens collected from the case at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
 - b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and

3. **For each hemolytic uremic syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

- B. Contact control measures: A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea of unknown cause from working as a food handler until diarrhea has resolved.

R9-6-335, R9-6-337. Hepatitis A

A. Case control measures:

1. **A local health agency shall exclude a hepatitis A case from working as a food handler or attending a child care establishment during the first 14 days of illness or for seven days after onset of jaundice.**
2. **A local health agency shall conduct an epidemiologic investigation of each reported hepatitis A case or suspect case. For each hepatitis A case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-G or an electronic equivalent to Exhibit III-G provided by the Department.**

A. Case control measures: A local health agency shall:

1. **Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 **calendar** days of illness or for seven **calendar** days after onset of jaundice;**
2. **Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and**
3. **For each hepatitis A case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. No change (*Contact control measures: A local health agency shall:*

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 **calendar** days of illness or for seven **calendar** days after onset of jaundice;
2. ~~For 45 days after exposure, provide follow-up to a food handler who is a contact of a hepatitis A case during the infectious period; and~~
2. For 45 **calendar** days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and

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3. No change (*Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.*

~~R9-6-336. R9-6-338.~~ Hepatitis B and Hepatitis D

A. No change (*Case control measures:*

- ~~1. A local health agency shall evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported hepatitis B case or suspect case.~~

- ~~a. For each acute hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-H or an electronic equivalent to Exhibit III-H provided by the Department.~~
- ~~b. For each perinatal hepatitis B case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-I or an electronic equivalent to Exhibit III-I provided by the Department.~~

1. A local health agency shall:

- a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;
- b. Conduct an epidemiologic investigation of each reported hepatitis B **or hepatitis D** case or suspect case; and
- c. For each acute or perinatal hepatitis B **or hepatitis D** case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

- ~~3.2. No change (*The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.*~~

B. ~~Contact control measures: A local health agency shall refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series.~~

B. Contact control measures: A local health agency shall:

1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
2. Provide **health education** related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

~~R9-6-337.~~ R9-6-339. Hepatitis C

No change (*Case control measures:*

- ~~1. A local health agency shall conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case.~~
1. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported acute hepatitis C case or suspect case; and
 - b. For each acute hepatitis C case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**
2. The Department shall provide **health education** related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection to each reported non-acute hepatitis C case or suspect case.

~~R9-6-338.~~ R9-6-340. Hepatitis E

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported hepatitis E case or suspect case. For each case of symptomatic acute viral hepatitis, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 53.1, "Viral Hepatitis Case Record for Reporting of Patients with Symptomatic Acute Viral Hepatitis" (June 1993), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral Hepatitis, 1600 Clifton Rd., NE, Mailstop G-37, Atlanta, GA 30333, including no future editions or amendments; or~~
- ~~2. An electronic equivalent to Form CDC 53.1 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and

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2. For each **hepatitis E case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-339. R9-6-341. Human Immunodeficiency Virus (HIV) Infection and Related Disease

A. No change (*Case control measures:*

1. ~~A local health agency shall conduct an epidemiologic investigation of each reported HIV case, suspect case, or carrier within 30 days after receiving a report. Upon completion of an epidemiologic investigation, a local health agency shall not retain any personal identifying information about the case, suspect case, or carrier.~~

1. A local health agency shall:

a. Conduct an epidemiologic investigation of each reported HIV-infected individual or suspect case; and

b. For each HIV-infected individual, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

2. No change (*The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.*)
3. ~~A counseling and testing site supervised by the Department or by a local health agency shall offer anonymous testing. The Department or local health agency shall collect the following epidemiologic information about each individual opting for anonymous testing:~~
 - a. ~~Age,~~
 - b. ~~Race and ethnicity,~~
 - c. ~~Gender,~~
 - d. ~~County of residence, and~~
 - e. ~~HIV-associated risk behaviors.~~
4. The Department shall confidentially notify an identifiable third party reported to be at risk of HIV infection under A.R.S. § 36-664(K) if all of the following conditions are met:
 - a. The Department receives the report of risk in a document that includes the following:
 - i. ~~The name and address of the identifiable third party,~~
 - ii. ~~The name and address of the individual placing the identifiable third party at risk,~~
 - iii. ~~The name and address of the individual making the report, and~~
 - iv. ~~The type of exposure placing the identifiable third party at risk;~~

- b. ~~The individual making the report is in possession of confidential HIV-related information; and~~
 - e. ~~The Department determines that the information provided in the report is accurate and sufficient to warrant notification of the identifiable third party.~~
- 5. ~~As authorized under A.R.S. § 36-136(L), a local health agency shall notify the superintendent of a school district, as defined in A.R.S. § 15-101, in a confidential document that a pupil of the school district is a case or carrier of HIV if the following criteria are met:~~
 - a. ~~The local health agency determines by consulting with the Department that the pupil places others in the school setting at risk for HIV infection; and~~
 - b. ~~The school district has an HIV policy that includes the following provisions:~~
 - i. ~~That a school shall not exclude an infected pupil from attending school or school functions or from participating in school activities solely due to HIV infection;~~
 - ii. ~~That the school district shall establish a group to determine on a case-by-case basis whether an infected pupil should be permitted to attend school by considering the risks and benefits to the pupil and to others if the pupil attends school;~~
 - iii. ~~That the group described in subsection (A)(5)(b)(ii) shall include the superintendent of the school district, the parents or guardians of a minor pupil, the pupil if the pupil is not a minor or is emancipated, the pupil's physician, and the local health officer, and may include an administrator of a school, a school nurse, and a teacher or counselor of the pupil;~~
 - iv. ~~That school district personnel who are informed of the pupil's HIV infection shall keep that information confidential;~~
 - v. ~~That the school district shall provide HIV education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions; and~~
 - vi. ~~That school district personnel who handle blood or body fluids shall comply with Elizabeth A. Bolyard et al., Guideline for Infection Control in Health Care Personnel, 1998 (1998), incorporated by reference; on file with the Department and the Office of the Secretary of State; available from National Technical Information Service, 5285 Port Royal Road,~~

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3. The Department and a local health agency shall offer anonymous HIV-testing to an individual as specified in R9-6-1005.
- ~~B. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with 29 CFR 1910.1030 (as of November 7, 2002), as required by A.R.S. § 23-403 and A.A.C. R20-5-602.~~
- B. Contact control measures: The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(J) as specified in R9-6-1006(A).
- C. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

R9-6-342. Influenza-Associated Mortality in a Child

Case control measures: A local health agency shall:

1. Confirm that influenza was the cause of death for each reported case or suspect case of influenza-associated mortality in a child; and
2. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C).

R9-6-340. R9-6-343. Kawasaki Syndrome

~~A local health agency shall conduct an epidemiologic investigation of each reported Kawasaki syndrome case or suspect case. For each Kawasaki syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.54, "Kawasaki Syndrome Case Reporting" (January 1991), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
- ~~2. An electronic equivalent to Form CDC 55.54 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Kawasaki syndrome case or suspect case; and
2. For each Kawasaki syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

R9-6-341. R9-6-344. Legionellosis (Legionnaires' Disease)

~~A.~~ Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported legionellosis case or suspect case. For each legionellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.56, "Legionellosis Case Report" (August 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
- ~~2. An electronic equivalent to Form CDC 52.56 provided by the Department.~~

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and
2. For each legionellosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

~~B.~~ No change (*Environmental control measures: The owner of a water, cooling, or ventilation system that is determined by the Department or a local health agency to have caused a case of Legionella infection shall disinfect the system before resuming its use.*)

R9-6-342. R9-6-345. Leptospirosis

~~A local health agency shall conduct an epidemiologic investigation of each reported leptospirosis case or suspect case. For each leptospirosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.26, "Leptospirosis Case Investigation Report" (October 1987), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
- ~~2. An electronic equivalent to Form CDC 55.26 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and

2. For each leptospirosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-343. R9-6-346. Listeriosis

Case control measures: A local health agency shall:

1. ~~A local health agency shall conduct an epidemiologic investigation of each reported listeriosis case or suspect case. For each listeriosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-J or an electronic equivalent to Exhibit III-J provided by the Department.~~
2. ~~A local health agency shall counsel a listeriosis case or, if the case is a child or an incapacitated adult, the parent or guardian of the case about the risks of contracting listeriosis from cold deli meats and unpasteurized dairy products.~~
1. Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
2. For each listeriosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
3. Ensure that an isolate from each listeriosis case is submitted to the Arizona State Laboratory.

R9-6-344. R9-6-347. Lyme Disease

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Lyme disease case or suspect case. For each Lyme disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-K or an electronic equivalent to Exhibit III-K provided by the Department.

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Lyme disease case or suspect case; and
2. For each Lyme disease case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-345. R9-6-348. Lymphocytic Choriomeningitis

Case control measures: A local health agency shall:

1. ~~A local health agency shall conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case.~~
2. ~~A local health agency shall counsel or arrange for a lymphocytic choriomeningitis case or, if the case is a child or incapacitated adult, the parent or guardian of the case to be~~

~~counseled about reducing the risks of becoming reinfected with or of having others become infected with lymphocytic choriomeningitis virus.~~

1. Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
2. For each lymphocytic choriomeningitis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-346. R9-6-349. Malaria~~

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported malaria case or suspect case. For each malaria case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.1, "Malaria Case Surveillance Report" (January 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 54.1 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
2. For each malaria case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-347. R9-6-350. Measles (Rubeola)~~

A. No change (*Case control measures:*

1. No change (*An administrator of a school or child care establishment, either personally or through a representative, shall:*
 - a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth **calendar** after the rash appears; and
 - b. No change (*Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.*
2. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions**

for a measles case from onset of illness through the fourth calendar day after the rash appears.

3. ~~A local health agency shall conduct an epidemiologic investigation of each reported measles case or suspect case. For each measles case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Measles Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to the "Measles Surveillance Worksheet" provided by the Department.~~
3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 **or R9-6-203** of a measles case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported measles case or suspect case;
 - c. For each measles case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
 - d. Ensure that specimens from each measles case, as required by the Department, are submitted to the Arizona State Laboratory.

B. No change (*Contact control measures:*

1. No change (*When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:*
 - a. No change (*Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and*
 - b. No change (*Comply with the local health agency's recommendations for exclusion.*

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2. No change (*A local health agency shall provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.*)
3. A paid or volunteer ~~full-~~ **full-time** or part-time worker at a health care institution shall not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
 - a. No change (*A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;*)
 - b. No change (*A statement signed by a physician, state health officer, or local health officer affirming serologic evidence of immunity to measles; or*)
 - c. No change (*Documentary evidence of birth before January 1, 1957.*)

R9-6-351. Melioidosis

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;**
- 2. For each melioidosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and**
- 3. Ensure that an isolate from each melioidosis case is submitted to the Arizona State Laboratory.**

R9-6-348. R9-6-352. Meningococcal Invasive Disease

- A. No change (*Case control measures:*)
 1. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.**
 2. ~~A local health agency shall conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case. For each meningococcal invasive disease case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.15N, "National Bacterial Meningitis and Bacteremia Case Report" (February 1993), which is incorporated by reference in R9-6-331; or~~
 - b. ~~An electronic equivalent to Form CDC 52.15N provided by the Department.~~
2. A local health agency shall:

- a. **Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;**
- b. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
- c. For each meningococcal invasive disease case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);**
and
- d. Ensure that an isolate from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

B. No change (*Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.*)

R9-6-349. R9-6-353. Mumps

- A. No change (*Case control measures:*)
1. ~~An administrator of a school or child care establishment, either personally or through a representative, shall exclude a mumps case from the school or child care establishment for nine days after the onset of glandular swelling.~~
 2. ~~A health care provider shall use droplet precautions with a mumps case for nine days after the onset of glandular swelling.~~
 3. ~~A local health agency shall conduct an epidemiologic investigation of each reported mumps case or suspect case. For each mumps case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Mumps Surveillance Worksheet" (May 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to the "Mumps Surveillance Worksheet" provided by the Department.~~

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a mumps case from the school or child care establishment **for five calendar days** after the onset of glandular swelling; and
 - b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions with a mumps case for five calendar days after the onset of glandular swelling.**
3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 **or R9-6-203** of a mumps case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;
 - c. For each mumps case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
 - d. Ensure that specimens from each mumps case, as required by the Department, are submitted to the Arizona State Laboratory.
- ~~B. Contact control measures: When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:~~**
 - ~~1. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and~~
 - ~~2. Comply with the local health agency's recommendations for exclusion.~~
- B. Contact control measures:**
 1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and

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- b. No change (*Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.*
 - 2. No change (*An administrator of a health care institution, either personally or through a representative, shall:*
 - a. Exclude a pertussis case from working at the health care institution for 21 **calendar** days after the date of onset of cough or for five **calendar** days after the date of initiation of antibiotic treatment for pertussis; and
 - b. No change (*Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.*
 - 3. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate use droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.**
 - 4. ~~A local health agency shall conduct an epidemiologic investigation of each reported pertussis case or suspect case. For each pertussis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Pertussis Surveillance Worksheet" (November 1999), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to the "Pertussis Surveillance Worksheet" provided by the Department.~~
 - 4. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
 - b. For each pertussis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- B. No change (*Contact control measures:*

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1. No change (*When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:*
 - a. No change (*Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and*
 - b. No change (*Comply with the local health agency's recommendations for exclusion.*
2. **A local health agency shall identify close contacts of a pertussis case and, if indicated, shall provide or arrange for a each close contact to receive antibiotic prophylaxis.**

R9-6-352, R9-6-357. Plague

- A. No change (*Case control measures:*
 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate **and institute droplet precautions** **for** a pneumonic plague case or suspect case ~~with droplet precautions~~ until 72 hours of antibiotic therapy have been completed with favorable clinical response.
 2. No change (*An individual handling the body of a deceased plague case shall use droplet precautions.*
 3. ~~A local health agency shall conduct an epidemiologic investigation of each reported plague case or suspect case. For each plague case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 56.37, "Plague Case Investigation Report" (May 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Vector Borne Infectious Diseases, P.O. Box 2087 (Foothills Campus), Fort Collins, CO 80522, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to Form CDC 56.37 provided by the Department.~~
 3. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a plague case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

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- b. Conduct an epidemiologic investigation of each reported plague case or suspect case;
- c. For each plague case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
- d. Ensure that an isolate from each plague case is submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency shall provide follow-up to pneumonic plague contacts for seven **calendar** days after last exposure to a pneumonic plague case.

R9-6-353. R9-6-358. Poliomyelitis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case. For each poliomyelitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Suspected Polio Case Worksheet" (August 1998), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
- ~~2. An electronic equivalent to the "Suspected Polio Case Worksheet" provided by the Department.~~

Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a poliomyelitis case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case;
- 3. For each poliomyelitis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and
- 4. Ensure that specimens from each poliomyelitis case, as required by the Department, are submitted to the Arizona State Laboratory.

R9-6-354. R9-6-359. Psittacosis (Ornithosis)

~~A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported psittacosis case or suspect case. For each psittacosis case, a local health agency~~

shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.2, "Psittacosis Case Surveillance Report" (March 1981), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
 2. ~~An electronic equivalent to Form CDC 52.2 provided by the Department.~~
- B.** ~~Environmental control measures: A local health agency shall ensure that bird populations infected with *Chlamydia psittaci* or *Chlamydophila psittaci* are treated or destroyed and that any contaminated structures are disinfected.~~
- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported psittacosis case or suspect case; and
 2. For each psittacosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).
- B.** Environmental control measures: A local health agency shall:
1. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a private residence:
 - a. **Provide health education for** the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
 - b. Advise the bird's owner to obtain treatment for the bird; and
 2. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a setting other than a private residence:
 - a. **Provide health education for** the bird's owner about psittacosis and the risks of becoming infected with psittacosis,
 - b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
 - c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

R9-6-355. R9-6-360. Q Fever

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Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Q fever case or suspect case. For each Q fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Q Fever Case Report" (March 2002), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 55.1 provided by the Department.~~

Case control measures: A local health agency shall:

1. **Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;**
2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and
3. For each Q fever case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-356. R9-6-361. Rabies in a Human

~~A. Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported human rabies case or suspect case.~~

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a human rabies case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case, and
3. For each human rabies case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. No change (*Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.*)

R9-6-357. R9-6-362. Relapsing Fever (Borreliosis)

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported borreliosis case or suspect case.

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Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported borreliosis case or suspect case, and
2. For each borreliosis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

R9-6-358. R9-6-363. Reye Syndrome

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Reye syndrome case or suspect case. For each Reye syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.8, "CDC Reye Syndrome Case Investigation Report" (March 1985), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 55.8 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Reye syndrome case or suspect case; and
2. For each Reye syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

R9-6-359. R9-6-364. Rocky Mountain Spotted Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case. For each Rocky Mountain spotted fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 55.1, "Tick-Borne Rickettsial Disease Case Report" (January 2001), which is incorporated by reference in R9-6-324; or~~
2. ~~An electronic equivalent to Form CDC 55.1 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Rocky Mountain spotted fever case or suspect case; and

2. For each Rocky Mountain spotted fever case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-360. R9-6-365. Rubella (German Measles)

A. No change (*Case control measures:*

1. ~~An administrator of a school or child care establishment, either personally or through a representative, shall exclude a rubella case from the school or child care establishment from the onset of illness through the seventh day after the rash appears.~~
 1. An administrator of a school or child care establishment, either personally or through a representative, shall:
 - a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh **calendar** day after the rash appears; and
 - b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
 2. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a rubella case through the seventh **calendar** day after the rash appears.**
 3. ~~A local health agency shall conduct an epidemiologic investigation of each reported rubella case or suspect case. For each rubella case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Rubella Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to the "Rubella Surveillance Worksheet" provided by the Department.~~
 3. A local health agency shall:

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- a. Upon receiving a report under R9-6-202 **or R9-6-203** of a rubella case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
- b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
- c. For each rubella case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
- d. Ensure that specimens from each rubella case, as required by the Department, are submitted to the Arizona State Laboratory.

B. No change (*Contact control measures:*

1. A paid or volunteer ~~full-~~ **full-time** or part-time worker at a health care institution shall not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
 - a. No change (*A record of immunization against rubella given on or after the first birthday, or*
 - b. No change (*A statement signed by a physician, state health officer, or local health officer affirming serologic evidence of immunity to rubella.*
2. No change (*When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:*
 - a. No change (*Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and*
 - b. No change (*Comply with the local health agency's recommendations for exclusion.*
3. A local health agency shall provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

~~R9-6-361. R9-6-366. Rubella Syndrome, Congenital~~

A. No change (*Case control measures:*

1. ~~A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until a negative virus culture is obtained.~~

2. ~~A local health agency shall conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case. For each congenital rubella syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - a. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 71.17, "Congenital Rubella Syndrome Case Report" (March 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Viral and Rickettsial Diseases, 1600 Clifton Rd., NE, Mailstop A-30, Atlanta, GA 30333, including no future editions or amendments; or~~
 - b. ~~An electronic equivalent to Form CDC 71.17 provided by the Department.~~

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:

- a. The infant congenital rubella syndrome case reaches one year of age, or**
- b. Two successive negative virus cultures are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.**

2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
 - c. For each congenital rubella syndrome case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);**
and
 - d. Ensure that specimens from each congenital rubella syndrome case, as required by the Department, are submitted to the Arizona State Laboratory.

B. Contact control measures:

~~A paid or volunteer full- or part-time worker at a health care institution who is known to be pregnant shall not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-360(B)(1).~~

B. Contact control measures: A paid or volunteer **full-time** or part-time worker at a health care institution who is known to be pregnant shall not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-363(B)(1).

R9-6-362. R9-6-367. Salmonellosis

A. Case control measures: A local health agency shall:

- ~~1. A local health agency shall exclude a salmonellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:~~
 - ~~a. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or~~
 - ~~b. Diarrhea has resolved.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported salmonellosis case or suspect case. For each salmonellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.~~
1. Exclude a salmonellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:
 - a. Two successive cultures negative for *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or
 - b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
3. For each salmonellosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. Contact control measures: A local health agency shall exclude a salmonellosis contact with diarrhea of unknown cause from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:

1. Two successive cultures negative for ~~*Salmonella* spp.~~ *Salmonella* spp. are obtained from stool specimens collected at least 24 hours apart, or
2. No change (*Diarrhea has resolved.*)

C. Environmental control measures: A local health agency shall:

1. If an animal infected with *Salmonella spp.* is located in a private residence, **provide health education** for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella spp.*; and
2. If an animal infected with *Salmonella spp.* is located in a setting other than a private residence:
 - a. **Provide health education for** the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella spp.*, and
 - b. Require the animal's owner to provide **information** to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of transmission.

~~R9-6-363.~~ R9-6-368. Scabies

A. No change (*Case control measures:*

1. No change (*An administrator of a school or child care establishment, either personally or through a representative, shall exclude a scabies case from the school or child care establishment until treatment for scabies is completed.*
2. No change (*An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.*
3. No change (*An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.*

B. No change (*Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.*

C. No change (*Outbreak control measures: A local health agency shall:*

1. No change (*Conduct an epidemiologic investigation of each reported scabies outbreak;*
2. Provide **health education and consultation** regarding prevention, control, and treatment of scabies to individuals affected by the outbreak; ~~and~~
3. When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak-; and
4. For each scabies outbreak, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-202(E).**

~~R9-6-364.~~ R9-6-369. Severe Acute Respiratory Syndrome

A. Case control measures: A local health agency shall:

- ~~1. A local health agency, in consultation with the Department, shall isolate a severe acute respiratory syndrome case or suspect case as necessary to prevent transmission.~~
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case.~~
1. Upon receiving a report under R9-6-202 of a severe acute respiratory syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. In consultation with the Department, isolate and institute both airborne precautions and contact precautions for a severe acute respiratory syndrome case or suspect case to prevent transmission.
3. Conduct an epidemiologic investigation of each reported severe acute respiratory syndrome case or suspect case; and
4. For each severe acute respiratory syndrome case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).

B. No change (*Contact control measures: A local health agency, in consultation with the Department, shall quarantine a severe acute respiratory syndrome contact as necessary to prevent transmission.*)

R9-6-365. R9-6-370. Shigellosis

A. Case control measures: A local health agency shall:

- ~~1. A local health agency shall exclude~~ Exclude a shigellosis case with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until either of the following occurs:
 - a. Two successive cultures negative for ~~Shigella spp.~~ Shigella spp. are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
 - b. Treatment is maintained for 24 hours and diarrhea has resolved;
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported shigellosis case or suspect case. For each shigellosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-M or an electronic equivalent to Exhibit III-M provided by the Department.~~

2. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
 3. For each shigellosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**
- B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart. If a culture is positive for *Shigella* spp., a local health agency shall reclassify a contact as a case.
- B. Contact control measures: A local health agency shall exclude a shigellosis contact with diarrhea of unknown cause from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
1. Two successive cultures negative for *Shigella* spp. are obtained from stool specimens collected at least 24 hours apart, or:
 2. Treatment has been maintained for 24 hours and diarrhea has resolved.

R9-6-366. R9-6-371. Smallpox

- A. Case control measures: A local health agency shall:
1. A local health agency, in consultation with the Department, shall isolate a smallpox case or suspect case as necessary to prevent transmission.
 2. A local health agency, in consultation with the Department, shall conduct an epidemiologic investigation of each reported smallpox case or suspect case.
 1. Upon receiving a report under R9-6-202 of a smallpox case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report:
 2. In consultation with the Department:
 - a. **Isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case to prevent transmission; and**
 - b. Conduct an epidemiologic investigation of each reported smallpox case or suspect case; and
 3. **For each smallpox case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**
- B. Contact control measures: A local health agency, in consultation with the Department, shall:
1. ~~quarantine~~ Quarantine a smallpox contact as necessary to prevent transmission; and

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2. ~~shall monitor~~ Monitor the contact for smallpox symptoms, including fever, each day for 21 **calendar** days after last exposure.

R9-6-367. R9-6-372. Streptococcal Group A Infection

A. No change (*Non-invasive streptococcal group A infection:*

Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal infection.

B. No change (*Invasive streptococcal group A infection:*

~~Outbreak control measures: A local health agency shall conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection.~~

Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection;**
- 2. For each streptococcal group A invasive infection case involved in an outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and**
- 3. For each outbreak of streptococcal group A invasive infection, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).**

R9-6-373. Streptococcal Group B Infection in an Infant Younger Than 90 Days of Age

Case control measures: A local health agency shall:

- 1. Confirm the diagnosis of streptococcal group B infection for each reported case or suspect case of streptococcal group B infection in an infant younger than 90 days of age; and**
- 2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C).**

R9-6-374. *Streptococcus pneumoniae* Infection

Case control measures: A local health agency shall:

- 1. If a reported *Streptococcus pneumoniae* infection case or suspect case is five or more years of age:**

- a. **Confirm the diagnosis of *Streptococcus pneumoniae* infection for each reported *Streptococcus pneumoniae* infection case or suspect case who is five or more years of age; and**
 - b. **For each *Streptococcus pneumoniae* infection case who is five or more years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(C); and**
2. **If a reported *Streptococcus pneumoniae* infection case or suspect case is under five years of age:**
- a. **Conduct an epidemiologic investigation for each reported *Streptococcus pneumoniae* infection case or suspect case who is under five years of age; and**
 - b. **For each *Streptococcus pneumoniae* infection case who is under five years of age, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-368. R9-6-375.~~ Syphilis

A. No change (*Case control measures:*

1. A syphilis case shall obtain serologic testing for syphilis three months~~, and six months,~~
and one year after initiating treatment.
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease.~~
2. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported syphilis case or suspect case, confirming the stage of the disease;
 - b. For each syphilis case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);
 - c. **If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1); and**
 - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
3. No change (*The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.*

B. ~~Contact control measures: When a syphilis case has named an identified individual, a local health agency shall:~~

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- ~~1. Notify the identified individual of syphilis exposure;~~
- ~~2. Offer or arrange for the identified individual to receive serologic testing and treatment for syphilis; and~~
- ~~3. Counsel the identified individual about the following:~~
 - ~~a. The characteristics of syphilis;~~
 - ~~b. The syndromes caused by syphilis;~~
 - ~~c. Measures to reduce the likelihood of transmitting syphilis to another, and~~
 - ~~d. The need to notify individuals with whom the identified individual has had sexual contact within a time period determined based upon the stage of the disease.~~

B. Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 **concerning notification, testing, treatment, and health education for the contact.**

C. **Outbreak control measures: A local health agency shall:**

- 1. Conduct an epidemiologic investigation of each reported syphilis outbreak, and**
- 2. For each syphilis outbreak, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(F).**

R9-6-369. R9-6-376. Taeniasis

~~Case control measures: A local health agency shall exclude a taeniasis case with *Taenia solium* from working as a food handler, caring for children in or attending a child care establishment,, or caring for patients or residents in a health care institution until free of infestation.~~

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia spp.* from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-370. R9-6-377. Tetanus

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported tetanus case or suspect case. For each tetanus case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

- ~~1. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "Tetanus Surveillance Worksheet" (in use on April 16, 2004), which is~~

~~incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~

2. ~~An electronic equivalent to the "Tetanus Surveillance Worksheet" provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported tetanus case or suspect case; and
2. For each tetanus case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-371. R9-6-378. Toxic Shock Syndrome

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case. For each toxic shock syndrome case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.3, "Toxic Shock Syndrome Case Report" (April 1996), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
2. ~~An electronic equivalent to Form CDC 52.3 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case; and
2. For each toxic shock syndrome case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-372. R9-6-379. Trichinosis

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported trichinosis case or suspect case. For each trichinosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 54.7, "Trichinosis Surveillance Case Report" (February 1990), which is incorporated by reference, on file with the Department, and available from the~~

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~~Centers for Disease Control and Prevention, Division of Parasitic Diseases, 1600 Clifton Rd., NE, Mailstop F-22, Atlanta, GA 30333, including no future editions or amendments; or~~

2. ~~An electronic equivalent to Form CDC 54.7 provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
2. For each trichinosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-373. R9-6-380. Tuberculosis

A. No change (*Case control measures:*

1. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall place isolate and institute airborne precautions for an individual with infectious active tuberculosis or a suspect case in airborne infection isolation until:**
 - a. No change (*At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;*
 - b. **Anti-tuberculosis treatment is initiated with multiple antibiotics; and**
 - c. Clinical signs and symptoms of active tuberculosis are improved; and
 - d. **For a case of multi-drug resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions.**
2. No change (*An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.*
3. ~~A local health agency shall exclude an individual with infectious active tuberculosis or a suspect case from working until:~~
 - a. ~~At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;~~
 - b. ~~Anti-tuberculosis treatment is initiated; and~~
 - c. ~~Clinical signs and symptoms of active tuberculosis are improved.~~
4. ~~A local health agency shall conduct an epidemiologic investigation of each reported tuberculosis case or suspect case. For each tuberculosis case, a local health agency shall~~

~~complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

- a. ~~One of the following:~~
 - i. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 72.9A and B, "Report of Verified Case of Tuberculosis" (January 2003), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of TB Elimination, 1600 Clifton Rd., NE, Mailstop E-10, Atlanta, GA 30333, including no future editions or amendments; or~~
 - ii. ~~An electronic equivalent to Form CDC 72.9A and B provided by the Department; and~~
- b. ~~Exhibit III-N or an electronic equivalent to Exhibit III-N provided by the Department.~~

3. A local health agency shall:

- a. Exclude an individual with infectious active tuberculosis or a suspect case from working until:
 - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning, are negative for acid-fast bacilli;
 - ii. **Anti-tuberculosis treatment is initiated with multiple antibiotics;**
 - iii. Clinical signs and symptoms of active tuberculosis are improved; and
 - iv. **For a case of multi-drug resistant active tuberculosis, a tuberculosis control officer has approved the release of the case from airborne precautions;**
- b. Conduct an epidemiologic investigation of each reported tuberculosis case or suspect case;
- c. For each tuberculosis case or suspect case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**
- d. Ensure that an isolate from each tuberculosis case is submitted to the Arizona State Laboratory; and
- e. Comply with the requirements specified in **R9-6-1202.**

B. No change (*Contact control measures:*

- ~~1. Except as provided in subsection (B)(7), for each individual with infectious active tuberculosis, a local health agency shall identify contacts and provide or arrange for evaluation of each contact's tuberculosis status. A local health agency shall conduct the initial contact investigation interview within three working days after receiving a tuberculosis case report.~~
- ~~2. An individual who has been exposed to an individual with infectious active tuberculosis shall allow a local health agency to evaluate the individual's tuberculosis status.~~
- ~~3. A local health agency shall exclude a tuberculosis contact with symptoms suggestive of tuberculosis from working until the contact has been evaluated by a physician, physician assistant, or registered nurse practitioner and determined by the physician, physician assistant, or registered nurse practitioner not to be an individual with infectious active tuberculosis.~~
- ~~4. Except as provided in subsection (B)(5), a local health agency shall arrange for a tuberculosis contact to have an approved test for tuberculosis.~~
- ~~5. If a tuberculosis contact is known to have had a prior positive result on an approved test for tuberculosis, post exposure testing is not required. A local health agency shall question the contact about symptoms of active tuberculosis and, if the contact has symptoms of active tuberculosis, provide or arrange for the contact to receive a chest x-ray.~~
- ~~6. If a tuberculosis contact tests negative for tuberculosis, a local health agency shall arrange for reevaluation three months [8-10 weeks??] after the contact's last exposure to an individual with infectious active tuberculosis.~~
- ~~7. For exposures to an individual with infectious active tuberculosis occurring in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, in consultation with a local health agency, shall have the primary responsibility for identifying and evaluating tuberculosis contacts.~~
- ~~8. A health care provider or an administrator of a health care institution or correctional facility that has identified and evaluated tuberculosis contacts shall release information gathered regarding the contacts, including personal identifying information, to a local health agency or to the Department upon request.~~
1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
2. A local health agency shall comply with the tuberculosis contact control measures specified in **R9-6-1202.**

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C. No change (*An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.*)

~~R9-6-374. R9-6-381.~~ Tularemia

No change (*Case control measures:*)

1. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case with droplet precautions until 48 72 hours of antibiotic therapy have been completed with favorable clinical response.**
- ~~2. A local health agency shall conduct an epidemiologic investigation of each reported tularemia case or suspect case.~~
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
 - c. For each tularemia case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
 - d. Ensure that an isolate from each tularemia case is submitted to the Arizona State Laboratory.

~~R9-6-375. R9-6-382.~~ Typhoid Fever

~~A.~~ Case control measures:

- ~~1. A local health agency shall exclude a typhoid fever case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until at least one month after the date of onset of illness and three successive cultures negative for Salmonella typhi have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy. If a culture is positive for Salmonella typhi, a local health agency shall enforce the exclusions until three successive cultures negative for Salmonella typhi are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness. If a positive culture is obtained on a stool specimen collected at least 12 months after onset, a local health agency shall redesignate a case as a carrier.~~

- ~~2. A local health agency shall exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.~~
- ~~3. A local health agency shall conduct an epidemiologic investigation of each reported typhoid fever case or suspect case. For each typhoid fever case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~
 - ~~a. A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.5, "Typhoid Fever Surveillance Report" (June 1997), which is incorporated by reference, on file with the Department, and available from the Centers for Disease Control and Prevention, Division of Bacterial and Mycotic Diseases, 1600 Clifton Rd., NE, Mailstop C-09, Atlanta, GA 30333, including no future editions or amendments; or~~
 - ~~b. An electronic equivalent to Form CDC 52.5 provided by the Department.~~

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
2. **For each typhoid fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**
3. Exclude a typhoid fever case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
 - a. At least one month after the date of onset of illness, and
 - b. After three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy;
4. If a culture from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(3) until three successive cultures negative for *Salmonella typhi* are obtained from stool specimens collected at least one month apart and 12 or fewer months after the date of onset of illness;

5. If a positive culture is obtained on a stool specimen collected at least 12 months after onset of illness from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
 6. Exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive cultures negative for *Salmonella typhi* have been obtained from stool specimens collected at least one month apart, at least one by purging.
- B. Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler, ~~or caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution~~ until two successive cultures negative for ~~Salmonella typhi~~ *Salmonella typhi* are obtained from stool specimens collected at least 24 hours apart. ~~If a culture is positive for Salmonella typhi, a local health agency shall redesignate a contact as a case.~~

~~R9-6-376. R9-6-383.~~ Typhus Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported typhus fever case or suspect case.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
2. **For each typhus fever case, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-377. R9-6-384.~~ Unexplained Death with a History of Fever

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of unexplained death with a history of fever.~~

Case control measures: A local health agency shall:

1. **Upon receiving a report under R9-6-202 of a case or suspect case of unexplained death with a history of fever, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;**
2. Conduct an epidemiologic investigation of each reported case or suspect case of unexplained death with a history of fever; and
3. **For each case of unexplained death with a history of fever, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(E).**

R9-6-378. R9-6-385. Vaccinia-Related Adverse Event

Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event. For each vaccinia-related adverse event case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:

1. One of the following:
 - a. A Food and Drug Administration, U.S. Department of Health and Human Services, Form VAERS-1, "Vaccine Adverse Event Reporting System" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
 - b. An electronic equivalent to VAERS-1 provided by the Department;
2. One of the following:
 - a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100, including no future editions or amendments; or
 - b. An electronic equivalent to "Smallpox Vaccine Adverse Event Supplemental Surveillance Worksheet" provided by the Department; and
3. One of the following:
 - a. A Food and Drug Administration, U.S. Department of Health and Human Services, "Smallpox Vaccine VAERS Report Follow-up Worksheet" (in use on April 16, 2004), which is incorporated by reference, on file with the Department, and available from the Vaccine Adverse Event Reporting System, P.O. Box 1100, Rockville, MD 20849-1100; or
 - b. No change (An electronic equivalent to "Smallpox Vaccine VAERS Report Follow-up Worksheet" provided by the Department.

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and

2. **For each case of a vaccinia-related adverse event, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-379. Vancomycin-Resistant Enterococcus spp.~~

~~Case control measures: A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case of vancomycin-resistant Enterococcus spp.~~

**~~R9-6-380. R9-6-386. Vancomycin-Resistant or Vancomycin-Intermediate Staphylococcus aureus~~
Staphylococcus aureus**

No change (*Case control measures:*

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate ~~Staphylococcus aureus~~ Staphylococcus aureus.
2. ~~A local health agency, in consultation with the Department, shall isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus as necessary to prevent transmission.~~
2. A local health agency, in consultation with the Department, shall:
 - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Isolate a case or suspect case of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus as necessary to prevent transmission;
 - c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus;
 - d. **For each case of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D); and**
 - e. Ensure that an isolate from each case of vancomycin-resistant or vancomycin-intermediate Staphylococcus aureus is submitted to the Arizona State Laboratory.

~~R9-6-381. R9-6-387. Vancomycin-Resistant Staphylococcus epidermidis~~ Staphylococcus epidermidis

~~Case control measures: A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant Staphylococcus epidermidis.~~

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*, notify the Department within **one working day** after receiving the report and provide to the Department the information contained in the report:
 - b. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant *Staphylococcus epidermidis*.
 - c. **For each case of vancomycin-resistant *Staphylococcus epidermidis*, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D), and**
 - d. Ensure that an isolate from each case of vancomycin-resistant *Staphylococcus epidermidis* is submitted to the Arizona State Laboratory.

R9-6-382. R9-6-388. Varicella (Chickenpox)

A. No change (*Case control measures:*

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
2. **An administrator of a health care institution, either personally or through a representative, shall place isolate and implement airborne precautions for a varicella case in airborne infection isolation until the case is no longer infectious.**
3. A local health agency shall:
 - a. Conduct an epidemiologic investigation of each reported case of death due to varicella infection, and
 - b. **For each reported case of death due to varicella infection, submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

B. Contact control measures: When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:

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1. ~~Consult with a local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and~~
2. ~~Comply with the local health agency's recommendations for exclusion.~~

B. Contact control measures:

1. When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
 - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
 - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall determine which contacts of a varicella case will be:
 - a. Excluded from a school or child care establishment, and
 - b. Advised to obtain an immunization against varicella.

R9-6-383. R9-6-389. Vibrio Infection

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported Vibrio infection case or suspect case. For each case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation:~~

1. ~~A Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Form CDC 52.79, "Cholera and Other Vibrio Illness Surveillance Report" (July 2000), which is incorporated by reference in R9-6-313; or~~
2. ~~An electronic equivalent to Form CDC 52.79 provided by the Department.~~

Case control measures: A local health agency shall:

1. Exclude a *Vibrio* infection case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
 - a. Two successive cultures negative for *Vibrio spp.* are obtained from stool specimens collected at least 24 hours apart, or
 - b. Diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
3. For each *Vibrio* infection case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-384. R9-6-390. Viral Hemorrhagic Fever

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A. No change (*Case control measures:*

1. **A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.**
2. ~~A local health agency shall conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case.~~
2. A local health agency shall:
 - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
 - b. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;
 - c. For each viral hemorrhagic fever case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
 - d. Ensure that specimens from each viral hemorrhagic fever case are submitted to the Arizona State Laboratory.

B. No change (*Contact control measures: A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.*

~~R9-6-385. R9-6-391. West Nile Virus Fever or West Nile Encephalitis~~ Virus-Related Syndromes

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported West Nile virus fever or West Nile encephalitis case or suspect case. For each West Nile encephalitis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-D or an electronic equivalent to Exhibit III-D provided by the Department.~~

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported West Nile virus-related syndrome case or suspect case; and
2. For each case of West Nile virus-related syndrome, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

~~R9-6-386. R9-6-392. Yellow Fever~~

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported yellow fever case or suspect case.~~

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a yellow fever case or suspect case, notify the Department within **one working day** after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case; and
3. For each yellow fever case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D).**

R9-6-387. R9-6-393. Yersiniosis (*Enteropathogenic Yersinia*)

~~Case control measures: A local health agency shall conduct an epidemiologic investigation of each reported yersiniosis case or suspect case. For each yersiniosis case, a local health agency shall complete and submit to the Department within 10 working days after completing an epidemiologic investigation Exhibit III-L or an electronic equivalent to Exhibit III-L provided by the Department.~~

Case control measures: A local health agency shall:

1. Exclude a yersiniosis case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until either of the following occurs:
 - a. Two successive cultures negative for enteropathogenic *Yersinia* are obtained from stool specimens collected at least 24 hours apart and at least 48 hours after discontinuing antibiotics, or
 - b. Diarrhea has resolved;
2. **Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;**
3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;
4. For each yersiniosis case, **submit to the Department, as specified in Article 2, Table 4, the information required under R9-6-206(D);** and
5. Ensure that an isolate from each yersiniosis case is submitted to the Arizona State Laboratory.